

FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 6

This Amendment (“Amendment”) is made to the Administrative Services Agreement (“Agreement”) by and between United HealthCare Services, Inc. (“United”) and Williamson County (“Customer”), Contract No. 911463, and is effective on January 1, 2023 unless otherwise specified.

Any capitalized terms used in this Amendment have the meanings shown in the Agreement. These terms may or may not have been capitalized in prior contractual documents between the parties but will have the same meaning as if capitalized.

The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

Williamson County
By _____
Authorized Signature
Print Name _____
Print Title _____
Date _____

United HealthCare Services, Inc.
By  _____
Authorized Signature
Print Name **Sara Minnis**
Print Title **Assoc. Contract Manager**
Date **November 30, 2022**

Renewal 4Q 2021v3

The Administrative Services Agreement is amended as noted below.

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein. Following the Effective Date and after Customer has provided one (1) months' worth of claims funding, this Amendment is deemed executed by the parties.

Effective January 1, 2018, Section 3.3 Due Dates, Payments, and Penalties is replaced in its entirety to reflect a self-billing arrangement with the following:

Section 3.3 Due Dates, Payments, and Penalties. Customer shall calculate the amount of the Standard Medical Service Fees described in Exhibit B – Fees each month based upon the number of Employees enrolled in the medical plan on the first working day of the current month and provide United with a statement of amounts due. The due date for payment is on the first day of the next full calendar month (“Due Date”). Monthly enrollment shall be measured as of the first day of the month to which the Standard Medical Service Fee applies, thereby including employees enrolled with effective dates of coverage on or before such first day of the month and excluding employees with effective dates of coverage occurring after such first day of the month. If authorized by Customer pursuant to this Agreement or by subsequent authorization, certain fees will be paid through a withdrawal from the Bank Account.

Effective January 1, 2023, all references to out of network programs in the Agreement, each as applicable, are replaced in their entirety. As such, Section A1 Network in Exhibit A is amended to include the following sub-section:

Out of Network Programs. United offers out of network programs that strive to increase savings to Customer by accessing discounts or negotiating reductions on out of network claims. United offers a mix of out of network programs that offer varying degrees of discounts, consumer advocacy, and cost controls. Customers elected out of network programs are identified in Exhibit B – Fees. Programs are subject to change or termination at United’s discretion.

Effective January 1, 2023, Section 4.5 Service Auditor Reports is replaced in its entirety with the following:

Section 4.5 Service Auditor Reports. United may make its Type II service auditor report (“Report”) available to United’s self-funded customers each year for Customer’s review in connection with Plan administrative purposes only. The Report will be issued under the guidance of Statement on Standards for Attestation Engagements #18 (SSAE18). Should new guidelines covering service auditor reports be issued, United may make the equivalent of, or any successor to, the SSAE18 Type II Report available to United’s self-funded customers. The Report is United’s Confidential Information and shall not be shared with any third parties without United’s prior written approval, except that Customer can share the Report with: (i) Customer’s independent public accounting firm; and/or (ii) Customer’s consultants, on the condition that such consultants are not in any way a competitor of United’s and that Customer informs its consultants that the Report was not prepared for their use. To the extent that Customer does provide the Report to its independent public accounting firm or a consultant as permitted in this Section, Customer shall require that they retain the Report as confidential and that they not disclose such Report to any other persons or entities.

EXHIBIT B – FEES

The Medical Fees (“Fees”) are as stated below. Customer acknowledges that Fees paid for administrative services are reasonable. If authorized by Customer pursuant to this Agreement or by subsequent authorization, certain Fees will be paid through a withdrawal from the Bank Account. These Fees do not include state or Federal surcharges, assessments, or similar Taxes imposed by governmental entities or agencies on the Plan or United, including but not limited to those imposed pursuant to The Patient Protection and Affordable Care Act of 2010, as amended from time to time as these are the responsibility of the Plan.

Medical Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2025, unless otherwise specified.

The Medical Fees (“Fees”) described below, excluding optional and non-standard fees, are adjusted as set forth in the applicable performance standard(s).

The Fees listed below are based upon an estimated minimum of 1,545 enrolled Employees in year 2023.

\$51.79 per Employee per month covered under the Choice Plus and Choice HSA portion of the Plans.

\$54.57 per Employee per month covered under the Navigate portion of the Plan.

Average Contract Size: 2.14 in year 2023

Dental Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2025.

The Fees listed below are based upon an estimated minimum of 1,460 enrolled Employees.

\$3.12 per Employee per month.

Average Contract Size: 2.18

FSA Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2025.

FSA Administration: \$3.00 per Enrollee Per Month (PEPM)

External Rollover – Set up charge per customer per vendor: \$1,765

Eligibility feeds – Per file in excess of 52 per year: \$235

Nondiscrimination testing: \$500 per test

COBRA Fees

The following financial terms are effective for the period January 1, 2023 through December 31, 2025.

Fee Schedule	1/1/23-12/31/25
One year PEPM <input checked="" type="checkbox"/> Two year PEPM <input type="checkbox"/> Three year PEPM <input checked="" type="checkbox"/>	\$0.55
Group Setup Fee (one time fee at implementation)	Included
COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator)	Included
On-going Maintenance Fee	N/A
Ongoing COBRA Continuant Per Month Charge	Included
COBRA Services	
Qualifying Event Notification (QEN) includes distribution of QENs and election forms via proof of mail with instructions, and processing of enrollment returned (per notice)	Included
COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification	Included
State Continuation Notification (per notice)	Included
Outside carrier eligibility feeds and premium remittance (per carrier per month)	Included
Open Enrollment Services	
Open Enrollment Service (per person): Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client.	\$8.00 Plus Postage *There is a \$100 minimum for Open Enrollment Services
Optional Services	
Medicare-D Notifications	\$0.95/Notification
Retro/HIPAA Initial Rights Notice (Per Notice)	\$3.00/Notification
Customized Services (Letters, Correspondence)	Varies, plus postage
Direct Bill/Retiree Services - Per continuant, per month	\$4.50
COBRA Administration Fee	
Where applicable, UnitedHealthcare will return to the client the 2% COBRA administration fee that is routinely charged to the COBRA participants.	Included

Payment Integrity Services

Service Description	Fee
Advanced Analytics and Recovery <ul style="list-style-type: none"> United's large-scale analytics to identify additional recovery opportunities. Claims re-examined every month for up to 12 months. Post-adjudicated claims. 	24% of the gross recovery amount

<p>Credit Balance Recovery</p> <ul style="list-style-type: none"> Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology. On-site at hospitals and facilities. Post-adjudicated claims. 	10% of the gross recovery amount.
<p>Focused Claim Review</p> <ul style="list-style-type: none"> Review of claims for inappropriate billing of services not documented in clinical notes. Board certified, same-specialty medical directors. Pre-adjudicated claims or post-adjudicated claims. 	22% of the gross recovery amount.
<p>Fraud, Waste, and Abuse Management</p> <ul style="list-style-type: none"> Detection and recovery of wasteful, abusive, and/or fraudulent claims. Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review. Pre-adjudicated claims or post-adjudicated claims. 	22% of the gross recovery or prevented amount
<p>Hospital Bill and Premium Audit Services</p> <ul style="list-style-type: none"> In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. Post-adjudicated claims. 	22% of the gross recovery amount
<p>Litigation and Arbitration Fees for Recoveries</p> <ul style="list-style-type: none"> Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities. Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process. Pre-adjudicated claims or post-adjudication claims. 	Outside attorneys' fees and costs or administrative process fees will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit).
<p>Third Party Liability - Subrogation and Injury Coverage Coordination</p> <ul style="list-style-type: none"> Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party. Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments. Pre-adjudicated claims or post-adjudicated. claims. Customer will not engage any entity except United to provide such services without prior United approval. 	33.33% of the applicable savings amount.

Other Fees

Service Description	Fee
<p>Consolidated Appropriations Act, 2021 ("CAA") Support Services. United will support Customer's compliance with the requirements of the CAA, including the No Surprises Act ("NSA"), by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> NSA medical billing and the independent dispute resolution ("IDR"): <ul style="list-style-type: none"> United will determine if a claim is subject to the NSA billing protections. If United and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, 	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. United shall notify Customer of United's intent to apply a charge for any support services or information provided if additional regulatory guidance changes the final compliance requirements. Customer remains responsible for the \$50 government agency administration assessment and fees charged by the IDR arbitrator.</p> <p>Fees for CAA Support Services for plan years after 2023 will be provided at a future date once regulatory guidance</p>

<p>United will manage, direct, and make decisions and submissions to support the IDR for Customer.</p> <ul style="list-style-type: none"> ○ All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administered by United. ○ United will not be using third party provider networks for services covered by the NSA. ○ The fees for programs in which the parties share in the savings achieved off a provider's billed charge will continue to apply to all services covered under the NSA. ○ Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account. ○ Customer shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account. <ul style="list-style-type: none"> ● Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently). ● Provider directory enhancements. ● Continuity of care and external appeals support for surprise medical bills. ● Support related to Mental Health Parity Non-Quantified Treatment Limitations audits initiated by the U.S. Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury. ● Provide language to support Customer's anti-gag clause attestation requirement. ● Prepare and file pharmacy benefits and drug cost reports. ● Prepare and file air ambulance claims reports. ● Provide and maintain price comparison information to Participants by telephone and online. 	<p>is received and final compliance requirements are determined.</p>
<p>Health Plan Transparency in Coverage Rule ("TiC") Support Services. United will support Customer's compliance with the requirements of the TiC by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> ● Machine-readable files accessible via a publicly available website, which Customer will be able to access and link to Customer's own website. ● A cost estimator tool available online for Plan Participants for the items and services as required each year. 	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.</p>
<p>Naviguard Program</p> <ul style="list-style-type: none"> ● Offers reimbursement methodologies for emergent and non-emergent out of network claims which calculates allowed amounts based on what a healthcare provider generally accepts for the same or similar service. ● Includes an advocacy component where Participants can access resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies. ● For claims above a threshold established by United, the advocacy component includes United negotiating with a provider on behalf of a Participant with respect to Participant's balance billed amount (e.g., non-emergent, choice claim). ● If the provider objects to what it was paid from the application of the allowed amount, or member contacts United for support with resolving a balance bill, United will increase compensation for a particular claim if: (a) 	<p>\$2.50 per Employee per month</p>

United reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the allowed amount, and (b) United believes that it would serve the best interests of the Plan and its Participants (including interests in avoiding costs and expenses of disputes over payment of claims).	
External Reviews	If and when applicable, for each subsequent external review beyond the limited number of free reviews based upon Customer's total enrollment, a fee of \$500 will apply per review.
Clinical Support	Customer will pay a fee for United's services, equal to 2.5% of chiropractic allowed expenses, whether in or out of network.
Interest Rate on Fees and Underfunding Bank Account	Prime + 4%
Run-out Claims Administration Six (6) months of runout	No Charge after the Initial Term.
Pharmacy Benefit Rebates - Termination	Pursuant to the termination section of this Agreement, if Customer terminates the Pharmacy Benefit Services portion of this Agreement only during the Term of the Agreement and termination is for any reason other than for cause, United may retain all Rebates that have not been remitted to Customer as of the effective date of such termination.
Variable Copay Program	\$0.96 per Participant per month
MSK Bundle	<ul style="list-style-type: none"> • KAIA \$200 per active user for 1-3 months; \$20 per user ongoing • Orthopedic Health Support + COEs \$15,000 per enrolled member • 2nd Opinion – see below
Second Opinion Services. Participants will have access to personalized consultations by video or phone from medical experts. A designated care team coordinator guides Participants through the entire process, including follow up. The information provided through this service does not constitute medical advice and does not diagnose, treat, or prescribe treatment of medical conditions.	\$2,136 per consultation

Disclosure: A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount) by a United affiliate. This has no impact on the Fees paid by Customer under this Agreement.

Credits

Administration Renewal Credit Terms

UnitedHealthcare will provide a One month Administration Renewal Credit to help Williamson County mitigate costs associated with an administrative service provider change.

The Administration Renewal Credit will be paid via a credit to Williamson County medical administration fees after (a) the Agreement is executed and (b) the first month's fees have been received by United. This is a one-time per year credit.

To qualify for this waiver, Williamson County's enrollment must exceed 1391 employees. If Williamson County terminates Agreement prior to December 31, 2025 Williamson County will pay UnitedHealthcare a prorated portion of this renewal credit as follows:

Administration Renewal Credit \$56.42 PEPM

Early Termination Penalty:

Termination prior to December 31,2023: 100% of the Renewal Credit

Termination prior to December 31,2024: 75% of the Renewal Credit

Termination prior to December 31,2025: 50% of the Renewal Credit

Caveat:

The Administration Renewal Credit does not replace the binder check requirement at point of sale. Credits and or budgets are contingent upon having medical and pharmacy coverage over the three year contract period.

If the 1st year enrollment with United falls below the enrollment threshold, UnitedHealthcare will adjust the budget/credit and amount proportional to the enrollment reduction based on the amount of the credit/budget. Commissions are excluded from Administration Renewal Credit.

Wellness Allowance

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The wellness allowance may be used at Customer's discretion as Customer utilizes wellness programming and services from United. If Customer terminates the Agreement prior to December 31, 2025, Customer will pay United a prorated portion of this credit.

\$100,000 Wellness Allowance per year

EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

The Fees at risk do not include Customer-elected optional and non-standard programs Fees, all credits, Payment Integrity Programs Fees, Out-of-Network Programs Fees, Commission Funds, Consultant Funds, and ancillary product Fees.

The Fees payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the performance guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees apply to medical benefits and are effective for the period beginning January 1, 2023 through December 31, 2023 (“Guarantee Period”). With respect to the aspects of United’s performance addressed in this exhibit, these fee adjustments are Customer’s exclusive financial remedies.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United’s failure is due to Customer’s actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, act of God, acts of terrorism or United’s required compliance with any law, regulation, or governmental agency mandate or anything beyond United’s reasonable control.

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new performance guarantees for the subsequent Guarantee Period. If United specifies new performance guarantees, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Claim is defined as an initial and complete written request for payment of a Plan benefit made by an enrollee, physician, or other healthcare provider on an accepted format. Unless stated otherwise, the claims are limited to medical claims processed through the UNET claims systems. Claims processed and products administered through any other system, including claims for other products such as vision, dental, flexible spending accounts, health reimbursement accounts, health savings accounts, or pharmacy coverage, are not included in the calculation of the performance measurements. Also, services provided under capitated arrangements are not processed as a typical claim, therefore capitated payments are not included in the performance measurements.

Effective January 1, 2023 through December 31, 2023 (“Guarantee Period”):

Claim Operations		
Time to Process in 10 Days		
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.	
Measurement	Percentage of claims processed	94%
	Time to process, in business days or less after receipt of claim	business days 10
Criteria Level	Standard claim operations reports	
Period	Site Level	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	11 business days 12 business days 13 business days 14 business days 15 business days or more	
Procedural Accuracy		
Definition	Procedural accuracy rate of not less than the designated percent.	
Measurement	Percentage of claims processed without procedural (i.e. non-financial) errors	97%
Criteria Level	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.	
Level	Office Level	

Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50% 95.49% - 95.00% Below 95.00%		
Dollar Accuracy (DAR)			
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.		
Measurement	Percentage of claims dollars processed accurately		99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	98.99% - 98.50% 98.49% - 98.00% 97.99% - 97.50% 97.49% - 97.00 Below 97.00%		
Member Phone Service			
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer's Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer's pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.			
Average Speed of Answer			
Definition	Calls will sequence through United's phone system and be answered by customer service within the parameters set forth.		
Measurement	Percentage of calls answered		100%
	Time answered in seconds, on average	seconds	30
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds		
Abandonment Rate			
Definition	The average call abandonment rate will be no greater than the percentage set forth		
Measurement	Percentage of total incoming calls to customer service abandoned, on average		2%
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	2.01% - 2.50% 2.51% - 3.00% 3.01% - 3.50%		

	3.51% - 4.00%	
	Greater than 4.00%	
Call Quality Score		
Definition	Maintain a call quality score of not less than the percent set forth	
Measurement	Call quality score to meet or exceed	93%
Criteria	Random sampling of calls is each assigned a customer service quality score, using United's standard internal call quality assurance program.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	92.99% - 91.00% 90.99% - 89.00% 88.99% - 87.00% 86.99% - 85.00% Below 85.00%	
Satisfaction		
Employee (Member) Satisfaction		
Definition	The overall satisfaction will be determined by the question that reads "Overall, how satisfied are you with the way we administer your medical health insurance plan?"	
Measurement	Percentage of respondents, on average, indicating a grade of satisfied or higher	80%
Criteria	Operations standard survey, conducted over the course of the year; may be customer specific for an additional charge.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$11,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	
Customer Satisfaction		
Definition	The overall satisfaction will be determined by the question that reads "How satisfied are you overall with UnitedHealthcare?"	
Measurement	Minimum score on a 10-point scale	score 5
Criteria	Standard Customer Scorecard Survey	
Level	Customer specific	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$11,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

Effective January 1, 2023 through December 31, 2025 (each twelve-month period is a “Guarantee Period”):

Pharmacy Financials					
Definition	Contracted pharmacy rates that will be delivered to You.				
Measurement and Criteria		01/01/2023	01/01/2024	01/01/2025	
	Component Discount Guarantee - Broad Network				
	-	Retail Brand, Average Wholesale Price (AWP) less	21.9%	21.9%	21.9%
		Retail Brand -- 90 Day Supply, AWP less	24.9%	24.9%	24.9%
		Retail Generic - 30 and 90 Day Supply, AWP less	84.0%	84.0%	84.0%
		Mail Order Brand, AWP less	25.5%	25.5%	25.5%
		Mail Order Generic, AWP less	87.0%	87.0%	87.0%
		The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.			
	Dispensing Fees - Broad Network				
	-	Retail Brand - 30 Day	\$0.50	\$0.50	\$0.50
		Retail Brand -- 90 Day Supply	\$0.10	\$0.10	\$0.10
		Retail Generic - 30 Day	\$0.50	\$0.50	\$0.50
		Retail Generic -- 90 Day Supply	\$0.10	\$0.10	\$0.10
		Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
	Minimum Rebate Guarantee (Advantage PDL)				
	-	Rebate Sharing Percentage	100.0%	100.0%	100.0%
	-	Basis, per script	Brand	Brand	Brand
	-	Retail - 30 and 90 Day	\$365.47	\$411.52	\$463.16
	-	Mail Order	\$590.39	\$665.06	\$701.55
	-	Specialty	Included In Retail	Included In Retail	Included In Retail
Fees					
	Variable Copay program (monthly, per eligible subscribers)	\$0.96	\$0.96	\$0.96	
Level	Customer Specific				
Period	Annually				
Payment Period	Annually				
Payment Amount -- Discounts	The amount the actual discounts are less than the guaranteed discount amount for each individual component.				
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.				
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.				
Conditions	<p>Discount & Dispense Fee Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. 				

- The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims.
- The Arrangement excludes usual & customary claims, vaccines, long term care facility claims, over-the-counter claims.
- The Arrangement includes veterans' affairs facility claims.
- The retail and mail order generic discounts exclude any generic drug that has two or fewer generic manufacturers; the retail and mail order brand discounts include any generic drug that has two or fewer generic manufacturers.
- The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.
- The Mail Order guarantee includes drugs dispensed for 46 days or greater.
- Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees.
- Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None.

Rebate Specific Conditions

- Assumes implementation of United's Advantage PDL
- Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
- Calculation of the guaranteed rebate amount will exclude ineligible claims including claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims), claims approved by formulary exception, claims not covered by Customer's benefit design or PDL, claims from 340B, long term care or federal government pharmacies, claims for non-FDA approved products, compound drugs, consumer card or discount card program claims and direct member reimbursement claims.
- Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of rebates available due to the introduction of any new product (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of WAC on a Brand Drug subject to Rebates.

United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:

- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
- in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- if Customer changes or does not elect an incented plan design
- United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.

<ul style="list-style-type: none"> - - - 	<ul style="list-style-type: none"> • Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None. • Vaccines are excluded from the claim counts. <p>General Conditions</p> <ul style="list-style-type: none"> • All pricing guarantees shall remain in effect for the entire contract period of 01/01/2023 through 12/31/2025 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period. • Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. • Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees. • On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service. • Pricing and guarantees assume enrollment of 1,545 Employees and 3,308 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions. • The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser of the discounted price, the usual and customary charge or the cost share amount. • All pricing guarantees require the selection of United as the exclusive mail provider. <p>United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates prior to the end of the Pharmacy Pricing Term.</p> <ul style="list-style-type: none"> • United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our initial quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that facilitates steering members to different drugs or pharmacies to the extent these services impact the financial guarantees under this Agreement.
TRRX (02/2022)	

Specialty Pharmacy	
Specialty Pharmacy Discount Guarantee	
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below. Specialty drugs not included on the list below and dispensed through United's specialty Pharmacy Network will be guaranteed at a discount of 14.0%.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.

	The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the combined actual specialty drug discounts are less than the sum of the individual specialty drug discount targets as computed above.
Conditions	<ul style="list-style-type: none"> • Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded. • Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). • Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. • United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark • On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	15.3%	INFLAMMATORY CONDITIONS	ILUMYA	14.9%
ANEMIA	EPOGEN	14.1%	INFLAMMATORY CONDITIONS	KEVZARA	10.8%
ANEMIA	PROCRIT	14.4%	INFLAMMATORY CONDITIONS	KINERET	14.3%
ANEMIA	RETACRIT	14.9%	INFLAMMATORY CONDITIONS	OLUMIANT	13.3%
ANTICONVULSANT	DIACOMIT	13.3%	INFLAMMATORY CONDITIONS	ORENCIA	15.0%
ANTICONVULSANT	EPIDIOLEX	13.3%	INFLAMMATORY CONDITIONS	OTEZLA	14.8%
ANTICONVULSANT	FINTEPLA	11.3%	INFLAMMATORY CONDITIONS	RIDAURA	14.9%
ANTIHYPERLIPIDEMIC	JUXTAPID	14.1%	INFLAMMATORY CONDITIONS	RINVOQ	14.9%
ANTI-INFECTIVE	ARIKAYCE	13.8%	INFLAMMATORY CONDITIONS	SILIQ	12.3%
ANTI-INFECTIVE	DARAPRIM	13.3%	INFLAMMATORY CONDITIONS	SIMPONI	14.9%
ANTI-INFECTIVE	PYRIMETHAMINE	13.3%	INFLAMMATORY CONDITIONS	SKYRIZI	18.9%

ASTHMA	FASENRA	13.3%	INFLAMMATORY CONDITIONS	STELARA	16.9%
ASTHMA	NUCALA	13.3%	INFLAMMATORY CONDITIONS	TALTZ	12.3%
ASTHMA	XOLAIR	13.3%	INFLAMMATORY CONDITIONS	TREMFYA	14.9%
CARDIOVASCULAR	DROXIDOPA	33.7%	INFLAMMATORY CONDITIONS	XELJANZ	14.9%
CARDIOVASCULAR	NORTHERA	14.8%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.9%
CARDIOVASCULAR	VYNDAMAX	16.1%	IRON OVERLOAD	DEFERASIROX	66.7%
CARDIOVASCULAR	VYNDAQEL	13.3%	IRON OVERLOAD	EXJADE	13.0%
CNS AGENTS	AUSTEDO	14.3%	IRON OVERLOAD	FERRIPROX	13.3%
CNS AGENTS	ENSPRYNG	12.8%	IRON OVERLOAD	JADENU	14.3%
CNS AGENTS	FIRDAPSE	11.3%	LIVER DISEASE	OCALIVA	15.9%
CNS AGENTS	HETLIOZ	14.8%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	14.3%
CNS AGENTS	INGREZZA	13.8%	MOOD DISORDER DRUGS	SPRAVATO	14.3%
CNS AGENTS	RILUTEK	14.3%	MULTIPLE SCLEROSIS	AMPYRA	12.6%
CNS AGENTS	RILUZOLE	92.7%	MULTIPLE SCLEROSIS	AUBAGIO	13.3%
CNS AGENTS	RUZURGI	12.3%	MULTIPLE SCLEROSIS	AVONEX	14.8%
CNS AGENTS	SABRIL	16.9%	MULTIPLE SCLEROSIS	BAFIERTAM	14.8%
CNS AGENTS	TETRABENAZINE	49.0%	MULTIPLE SCLEROSIS	BETASERON	14.9%
CNS AGENTS	TIGLUTIK	11.3%	MULTIPLE SCLEROSIS	COPAXONE	15.5%
CNS AGENTS	VIGABATRIN	18.4%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	92.9%
CNS AGENTS	VIGADRONE	17.4%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	79.6%
CNS AGENTS	XENAZINE	16.4%	MULTIPLE SCLEROSIS	EXTAVIA	14.9%
CNS AGENTS	XYREM	7.2%	MULTIPLE SCLEROSIS	GILENYA	14.8%
CNS AGENTS	XYWAV	8.2%	MULTIPLE SCLEROSIS	GLATIRAMER	79.6%
CYSTIC FIBROSIS	BETHKIS	12.3%	MULTIPLE SCLEROSIS	GLATOPA	79.6%
CYSTIC FIBROSIS	CAYSTON	15.3%	MULTIPLE SCLEROSIS	KESIMPTA	14.8%
CYSTIC FIBROSIS	KALYDECO	14.3%	MULTIPLE SCLEROSIS	MAVENCLAD	14.8%
CYSTIC FIBROSIS	KITABIS PAK	13.3%	MULTIPLE SCLEROSIS	MAYZENT	14.8%
CYSTIC FIBROSIS	ORKAMBI	14.3%	MULTIPLE SCLEROSIS	PLEGRIDY	14.3%
CYSTIC FIBROSIS	PULMOZYME	15.9%	MULTIPLE SCLEROSIS	PONVORY	11.8%

CYSTIC FIBROSIS	SYMDEKO	14.3%	MULTIPLE SCLEROSIS	REBIF	14.8%
CYSTIC FIBROSIS	TOBI	14.6%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	14.8%
CYSTIC FIBROSIS	TOBI PODHALER	14.6%	MULTIPLE SCLEROSIS	TECFIDERA	14.8%
CYSTIC FIBROSIS	TOBRAMYCIN	69.4%	MULTIPLE SCLEROSIS	VUMERITY	13.3%
CYSTIC FIBROSIS	TRIKAFTA	14.3%	MULTIPLE SCLEROSIS	ZEPOSIA	13.3%
ENDOCRINE	BUPHENYL	15.6%	MUSCULOSKEL ETAL AGENTS	EVRYSDI	8.2%
ENDOCRINE	BYNFEZIA	9.2%	NARCOLEPSY	WAKIX	14.3%
ENDOCRINE	CARBAGLU	8.2%	NEUTROPENIA	FULPHILA	14.6%
ENDOCRINE	CHENODAL	10.2%	NEUTROPENIA	GRANIX	14.6%
ENDOCRINE	CLOVIQUE	33.7%	NEUTROPENIA	LEUKINE	14.6%
ENDOCRINE	CUPRIMINE	14.9%	NEUTROPENIA	NEULASTA	14.6%
ENDOCRINE	CYSTADANE	11.3%	NEUTROPENIA	NEUPOGEN	14.6%
ENDOCRINE	CYSTADROPS	11.3%	NEUTROPENIA	NIVESTYM	14.6%
ENDOCRINE	CYSTARAN	13.8%	NEUTROPENIA	NYVEPRIA	12.3%
ENDOCRINE	DEPEN TITRATABS	14.8%	NEUTROPENIA	UDENYCA	14.6%
ENDOCRINE	D-PENAMINE	13.8%	NEUTROPENIA	ZARXIO	14.6%
ENDOCRINE	EGRIFTA	14.3%	NEUTROPENIA	ZIEXTENZO	14.3%
ENDOCRINE	FIRMAGON	14.3%	ONCOLOGY - INJECTABLE	ELIGARD	13.4%
ENDOCRINE	GATTEX	15.6%	ONCOLOGY - INJECTABLE	INTRON A	14.3%
ENDOCRINE	H.P. ACTHAR	14.3%	ONCOLOGY - INJECTABLE	LEUPROLIDE	63.3%
ENDOCRINE	IMCIVREE	14.3%	ONCOLOGY - INJECTABLE	SYNRIBO	14.6%
ENDOCRINE	ISTURISA	11.3%	ONCOLOGY - ORAL	ABIRATERONE	82.7%
ENDOCRINE	JYNARQUE	13.3%	ONCOLOGY - ORAL	AFINITOR	14.9%
ENDOCRINE	KEVEYIS	13.8%	ONCOLOGY - ORAL	AFINITOR DISPERZ	14.9%
ENDOCRINE	KORLYM	12.3%	ONCOLOGY - ORAL	ALECENSA	14.9%
ENDOCRINE	KUVAN	13.5%	ONCOLOGY - ORAL	ALKERAN	16.3%
ENDOCRINE	MYALEPT	8.2%	ONCOLOGY - ORAL	ALUNBRIG	12.8%
ENDOCRINE	NATPARA	14.1%	ONCOLOGY - ORAL	AYVAKIT	15.3%
ENDOCRINE	NITYR	13.8%	ONCOLOGY - ORAL	BALVERSA	14.3%
ENDOCRINE	OCTREOTIDE ACETATE	57.3%	ONCOLOGY - ORAL	BEXAROTENE	34.1%
ENDOCRINE	PENICILLAMINE	33.7%	ONCOLOGY - ORAL	BOSULIF	14.3%
ENDOCRINE	PROCYSBI	8.2%	ONCOLOGY - ORAL	BRAFTOVI	14.8%
ENDOCRINE	RAVICTI	15.9%	ONCOLOGY - ORAL	BRUKINSA	13.8%
ENDOCRINE	SAMSCA	14.3%	ONCOLOGY - ORAL	CABOMETYX	13.3%

ENDOCRINE	SANDOSTATIN	14.6%	ONCOLOGY - ORAL	CALQUENCE	14.3%
ENDOCRINE	SAPROPTERIN	41.9%	ONCOLOGY - ORAL	CAPECITABINE	82.7%
ENDOCRINE	SIGNIFOR	8.2%	ONCOLOGY - ORAL	CAPRELSA	10.2%
ENDOCRINE	SODIUM PHENYL BUTYRATE	33.7%	ONCOLOGY - ORAL	COMETRIQ	13.8%
ENDOCRINE	SOMATULINE DEPOT	14.3%	ONCOLOGY - ORAL	COPIKTRA	15.3%
ENDOCRINE	SOMAVERT	11.5%	ONCOLOGY - ORAL	COTELLIC	13.3%
ENDOCRINE	SYPRINE	14.3%	ONCOLOGY - ORAL	DAURISMO	13.3%
ENDOCRINE	THIOLA	12.3%	ONCOLOGY - ORAL	ERIVEDGE	13.3%
ENDOCRINE	TOLVAPTAN	33.7%	ONCOLOGY - ORAL	ERLEADA	14.3%
ENDOCRINE	TRIENTINE	84.7%	ONCOLOGY - ORAL	ERLOTINIB	33.7%
ENDOCRINE	XERMELO	13.8%	ONCOLOGY - ORAL	ETOPOSIDE	33.7%
ENDOCRINE	XURIDEN	13.3%	ONCOLOGY - ORAL	EVEROLIMUS	45.9%
ENZYME DEFICIENCY	CHOLBAM	5.1%	ONCOLOGY - ORAL	FARYDAK	12.3%
ENZYME DEFICIENCY	CYSTAGON	11.8%	ONCOLOGY - ORAL	FOTIVDA	14.1%
ENZYME DEFICIENCY	GALAFOLD	14.8%	ONCOLOGY - ORAL	GILOTRIF	8.2%
ENZYME DEFICIENCY	MIGLUSTAT	33.7%	ONCOLOGY - ORAL	GLEEVEC	16.3%
ENZYME DEFICIENCY	NITISINONE	33.7%	ONCOLOGY - ORAL	GLEOSTINE	16.3%
ENZYME DEFICIENCY	ORFADIN	3.1%	ONCOLOGY - ORAL	HYCAMPIN	15.6%
ENZYME DEFICIENCY	PALYNZIQ	12.3%	ONCOLOGY - ORAL	IBRANCE	14.8%
ENZYME DEFICIENCY	STRENSIQ	12.1%	ONCOLOGY - ORAL	ICLUSIG	13.6%
ENZYME DEFICIENCY	SUCRAID	13.0%	ONCOLOGY - ORAL	IDHIFA	15.3%
ENZYME DEFICIENCY	TEGSEDI	8.2%	ONCOLOGY - ORAL	IMATINIB MESYLATE	92.4%
ENZYME DEFICIENCY	ZAVESCA	8.2%	ONCOLOGY - ORAL	IMBRUVICA	14.8%
GAUCHERS DISEASE	CERDELGA	14.3%	ONCOLOGY - ORAL	INLYTA	14.4%
GENETIC DISORDER	DOJOLVI	15.9%	ONCOLOGY - ORAL	INQOVI	11.3%
GENETIC DISORDER	ZOKINVY	14.3%	ONCOLOGY - ORAL	INREBIC	13.3%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	14.9%	ONCOLOGY - ORAL	IRESSA	15.3%
GROWTH HORMONE DEFICIENCY	HUMATROPE	15.5%	ONCOLOGY - ORAL	JAKAFI	13.3%

GROWTH HORMONE DEFICIENCY	INCRELEX	14.3%	ONCOLOGY - ORAL	KISQALI	15.3%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	16.8%	ONCOLOGY - ORAL	KISQALI FEMARA	15.9%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	15.0%	ONCOLOGY - ORAL	KOSELUGO	14.6%
GROWTH HORMONE DEFICIENCY	OMNITROPE	15.3%	ONCOLOGY - ORAL	LAPATINIB	33.7%
GROWTH HORMONE DEFICIENCY	SAIZEN	18.3%	ONCOLOGY - ORAL	LENVIMA	15.3%
GROWTH HORMONE DEFICIENCY	SEROSTIM	14.3%	ONCOLOGY - ORAL	LONSURF	13.3%
GROWTH HORMONE DEFICIENCY	ZOMACTON	15.5%	ONCOLOGY - ORAL	LORBRENA	12.3%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	13.8%	ONCOLOGY - ORAL	LUMAKRAS	13.3%
HEMATOLOGIC	BERINERT	13.3%	ONCOLOGY - ORAL	LYNPARZA	13.0%
HEMATOLOGIC	CABLIVI	14.3%	ONCOLOGY - ORAL	MATULANE	13.8%
HEMATOLOGIC	CINRYZE	15.3%	ONCOLOGY - ORAL	MEKINIST	12.3%
HEMATOLOGIC	DOPTELET	14.3%	ONCOLOGY - ORAL	MEKTOVI	14.8%
HEMATOLOGIC	FIRAZYR	15.1%	ONCOLOGY - ORAL	MELPHALAN	33.7%
HEMATOLOGIC	HAEGARDA	13.3%	ONCOLOGY - ORAL	MESNEX	14.8%
HEMATOLOGIC	ICATIBANT	33.7%	ONCOLOGY - ORAL	NERLYNX	15.1%
HEMATOLOGIC	MOZOBIL	14.3%	ONCOLOGY - ORAL	NEXAVAR	13.3%
HEMATOLOGIC	MULPLETA	14.3%	ONCOLOGY - ORAL	NILANDRON	15.9%
HEMATOLOGIC	OXBRYTA	12.8%	ONCOLOGY - ORAL	NILUTAMIDE	40.9%
HEMATOLOGIC	PROMACTA	14.3%	ONCOLOGY - ORAL	NINLARO	14.3%
HEMATOLOGIC	RUCONEST	14.1%	ONCOLOGY - ORAL	NUBEQA	14.3%
HEMATOLOGIC	SAJAZIR	23.5%	ONCOLOGY - ORAL	ODOMZO	14.6%
HEMATOLOGIC	TAKHZYRO	14.3%	ONCOLOGY - ORAL	ONUREG	12.8%
HEMATOLOGIC	TAVALISSE	14.3%	ONCOLOGY - ORAL	ORGOVYX	15.1%
HEMOPHILIA - INFUSED	ADVATE	43.8%	ONCOLOGY - ORAL	PEMAZYRE	14.8%
HEMOPHILIA - INFUSED	ADYNOVATE	34.7%	ONCOLOGY - ORAL	PIQRAY	12.8%
HEMOPHILIA - INFUSED	AFSTYLA	34.6%	ONCOLOGY - ORAL	POMALYST	13.8%

HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	42.6%	ONCOLOGY - ORAL	PURIXAN	13.3%
HEMOPHILIA - INFUSED	ALPHANINE SD	49.8%	ONCOLOGY - ORAL	QINLOCK	15.3%
HEMOPHILIA - INFUSED	ALPROLIX	14.3%	ONCOLOGY - ORAL	RETEVMO	13.3%
HEMOPHILIA - INFUSED	BENEFIX	15.3%	ONCOLOGY - ORAL	REVLIMID	15.6%
HEMOPHILIA - INFUSED	COAGADEX	30.6%	ONCOLOGY - ORAL	ROZLYTREK	16.3%
HEMOPHILIA - INFUSED	CORIFACT	28.6%	ONCOLOGY - ORAL	RUBRACA	15.3%
HEMOPHILIA - INFUSED	ELOCTATE	28.6%	ONCOLOGY - ORAL	RYDAPT	16.3%
HEMOPHILIA - INFUSED	ESPEROCT	23.5%	ONCOLOGY - ORAL	SPRYCEL	16.3%
HEMOPHILIA - INFUSED	FEIBA	40.7%	ONCOLOGY - ORAL	STIVARGA	12.8%
HEMOPHILIA - INFUSED	HEMOPHIL M	44.9%	ONCOLOGY - ORAL	SUNITINIB	33.7%
HEMOPHILIA - INFUSED	HUMATE-P	37.7%	ONCOLOGY - ORAL	SUTENT	15.6%
HEMOPHILIA - INFUSED	IDELVION	14.3%	ONCOLOGY - ORAL	TABLOID	16.3%
HEMOPHILIA - INFUSED	IXINITY	14.3%	ONCOLOGY - ORAL	TABRECTA	13.3%
HEMOPHILIA - INFUSED	JIVI	23.5%	ONCOLOGY - ORAL	TAFINLAR	14.3%
HEMOPHILIA - INFUSED	KOATE	42.9%	ONCOLOGY - ORAL	TAGRISSE	14.3%
HEMOPHILIA - INFUSED	KOATE-DVI	42.9%	ONCOLOGY - ORAL	TALZENNA	14.3%
HEMOPHILIA - INFUSED	KOGENATE FS	47.8%	ONCOLOGY - ORAL	TARCEVA	16.2%
HEMOPHILIA - INFUSED	KOVALTRY	46.2%	ONCOLOGY - ORAL	TARGRETIN	14.8%
HEMOPHILIA - INFUSED	MONONINE	32.1%	ONCOLOGY - ORAL	TASIGNA	14.3%
HEMOPHILIA - INFUSED	NOVOEIGHT	44.8%	ONCOLOGY - ORAL	TAZVERIK	14.6%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	38.9%	ONCOLOGY - ORAL	TEMODAR	15.6%
HEMOPHILIA - INFUSED	NUWIQ	48.7%	ONCOLOGY - ORAL	TEMOZOLOMIDE	59.6%
HEMOPHILIA - INFUSED	PROFILNINE	30.7%	ONCOLOGY - ORAL	TEPMETKO	13.3%
HEMOPHILIA - INFUSED	REBINYN	18.4%	ONCOLOGY - ORAL	THALOMID	15.6%
HEMOPHILIA - INFUSED	RECOMBINATE	41.9%	ONCOLOGY - ORAL	TIBSOVO	14.3%
HEMOPHILIA - INFUSED	RIXUBIS	14.6%	ONCOLOGY - ORAL	TRETINOIN	84.7%
HEMOPHILIA - INFUSED	SEVENFACT	23.5%	ONCOLOGY - ORAL	TUKYSA	14.6%
HEMOPHILIA - INFUSED	TRETTEN	15.2%	ONCOLOGY - ORAL	TURALIO	14.8%
HEMOPHILIA - INFUSED	VONVENDI	13.3%	ONCOLOGY - ORAL	TYKERB	15.6%
HEMOPHILIA - INFUSED	WILATE	42.9%	ONCOLOGY - ORAL	UKONIQ	13.3%

HEMOPHILIA - INFUSED	XYNTHA	39.0%	ONCOLOGY - ORAL	VENCLEXTA	13.3%
HEMOPHILIA - INJECTABLE	HEMLIBRA	13.3%	ONCOLOGY - ORAL	VERZENIO	16.1%
HEPATITIS B	ADEFOVIR DIPIVOXIL	33.7%	ONCOLOGY - ORAL	VITRAKVI	15.3%
HEPATITIS B	BARACLUDE	14.6%	ONCOLOGY - ORAL	VIZIMPRO	9.2%
HEPATITIS B	EMPAVELI	14.3%	ONCOLOGY - ORAL	VOTRIENT	14.3%
HEPATITIS B	ENTECAVIR	83.7%	ONCOLOGY - ORAL	XALKORI	12.8%
HEPATITIS B	EPIVIR HBV	15.1%	ONCOLOGY - ORAL	XELODA	16.3%
HEPATITIS B	HEPSERA	14.5%	ONCOLOGY - ORAL	XOSPATA	15.3%
HEPATITIS B	LAMIVUDINE HBV	33.7%	ONCOLOGY - ORAL	XPOVIO	15.1%
HEPATITIS B	VEMLIDY	14.1%	ONCOLOGY - ORAL	XTANDI	14.3%
HEPATITIS C	EPCLUSA	14.8%	ONCOLOGY - ORAL	YONSA	16.3%
HEPATITIS C	HARVONI	15.9%	ONCOLOGY - ORAL	ZEJULA	14.6%
HEPATITIS C	LEDIPASVIR/SO FOSBUVIR	15.9%	ONCOLOGY - ORAL	ZELBORAF	13.8%
HEPATITIS C	MAVYRET	14.8%	ONCOLOGY - ORAL	ZOLINZA	15.6%
HEPATITIS C	PEGASYS	17.3%	ONCOLOGY - ORAL	ZYDELIG	15.3%
HEPATITIS C	PEGINTRON	18.3%	ONCOLOGY - ORAL	ZYKADIA	13.8%
HEPATITIS C	SOFOSBUVIR/V ELPATASVIR	14.8%	ONCOLOGY - ORAL	ZYTIGA	14.3%
HEPATITIS C	SOVALDI	14.8%	ONCOLOGY - TOPICAL	TARGRETIN	14.8%
HEPATITIS C	VIEKIRA PAK	14.3%	ONCOLOGY - TOPICAL	VALCHLOR	10.8%
HEPATITIS C	VOSEVI	14.8%	OPHTHALMIC	OXERVATE	13.3%
HEPATITIS C	ZEPATIER	14.7%	OSTEOPOROSIS	FORTEO	14.7%
HEREDITARY ANGIOEDEMA	ORLADEYO	13.8%	OSTEOPOROSIS	TERIPARATIDE	14.3%
IMMUNE MODULATOR	ACTIMMUNE	15.1%	OSTEOPOROSIS	TYMLOS	14.1%
IMMUNE MODULATOR	ARCALYST	15.9%	PARKINSONS DISEASE	APOKYN	12.4%
IMMUNOLOGICAL AGENTS	LUPKYNIS	15.1%	PARKINSONS DISEASE	INBRIJA	13.3%
IMMUNOLOGICAL AGENTS	PALFORZIA	10.2%	PARKINSONS DISEASE	KYNMOBI	10.2%
INFERTILITY	CETROTIDE	18.0%	PULMONARY DISEASE	ESBRIET	14.3%
INFERTILITY	CHORIONIC GONADOTROPIN	69.9%	PULMONARY DISEASE	OFEV	13.3%
INFERTILITY	FOLLISTIM AQ	25.0%	PULMONARY HYPERTENSION	ADCIRCA	14.3%

INFERTILITY	GANIRELIX ACETATE	17.4%	PULMONARY HYPERTENSION	ADEMPAS	14.3%
INFERTILITY	GONAL-F	23.6%	PULMONARY HYPERTENSION	ALYQ	59.2%
INFERTILITY	GONAL-F RFF	23.6%	PULMONARY HYPERTENSION	AMBRISENTAN	59.2%
INFERTILITY	MENOPUR	17.6%	PULMONARY HYPERTENSION	BOSENTAN	33.7%
INFERTILITY	NOVAREL	33.7%	PULMONARY HYPERTENSION	LETAIRIS	13.5%
INFERTILITY	OVIDREL	18.0%	PULMONARY HYPERTENSION	OPSUMIT	14.6%
INFERTILITY	PREGNYL	33.7%	PULMONARY HYPERTENSION	ORENITRAM	14.3%
INFLAMMATORY CONDITIONS	ACTEMRA	15.0%	PULMONARY HYPERTENSION	REVATIO	14.1%
INFLAMMATORY CONDITIONS	CIMZIA	16.4%	PULMONARY HYPERTENSION	SILDENAFIL	95.7%
INFLAMMATORY CONDITIONS	COSENTYX	14.3%	PULMONARY HYPERTENSION	TADALAFIL	33.7%
INFLAMMATORY CONDITIONS	DUPIXENT	14.9%	PULMONARY HYPERTENSION	TRACLEER	14.3%
INFLAMMATORY CONDITIONS	EMFLAZA	11.8%	PULMONARY HYPERTENSION	TYVASO	13.8%
INFLAMMATORY CONDITIONS	ENBREL	15.3%	PULMONARY HYPERTENSION	UPTRAVI	15.6%
INFLAMMATORY CONDITIONS	HUMIRA	16.9%	PULMONARY HYPERTENSION	VENTAVIS*	13.8%

*Includes Nebulizer

10/2021

**UnitedHealthcare
Net Cost Guarantee**

Effective for Policy Year
Beginning: January 1, 2023

UHC ASO Billable Admin Fee	\$53.66	\$995,000	Annual ASO Base Fees
Percent of Fees @ Risk	30%	\$298,000	Annual Fees @ Risk
Fees @ Risk	\$16.10	1,545	Number of Employees
Target Claim Factor	\$1,088.17		

	Claim PEPM			Amount at Risk	
Standard	Less than	\$934.20		\$87,397	} Customer Pays UHC
	\$934.20	up to	\$958.14	\$71,508	
	\$958.15	up to	\$982.71	\$55,619	
	\$982.72	up to	\$1,007.91	\$39,729	
	\$1,007.92	up to	\$1,033.75	\$23,840	
Risk Free Corridor>>	\$1,033.76	up to	\$1,142.58	\$0	
	\$1,142.59	up to	\$1,171.14	\$59,600	} UHC pays the customer
	\$1,171.15	up to	\$1,200.42	\$99,323	
	\$1,200.43	up to	\$1,230.43	\$139,047	
	\$1,230.44	up to	\$1,261.19	\$178,770	
	\$1,261.20	up to	\$1,292.72	\$218,494	
	\$1,292.73	up to	\$1,325.04	\$258,217	
	\$1,325.05	up to	\$1,360.22	\$298,000	

Assumptions and Caveats:

- 1 Guarantee is effective for the quoted plan year only.
- 2 Illustration assumes the following services/programs will be included in the employee benefit plan:
- 3 The number of covered employees assumed in this proposal is listed below by plan offering:

<u>Quoted Choice and Choice Plus Plans</u>	<u>Assumed Monthly Covered Enrollees</u>	<u>Claim Target Factors PSPM</u>
All Plans	1,545	\$1,088.17
COMPOSITE	1,545	\$1,088.17

This guarantee only applies to employees enrolled in Choice and Choice + products.

- 4 Reconciliation will be based actual covered lives by plan during the plan year and the claim target factors by plan listed above.
- 5 Reconciliation will be based actual claims INCURRED from January 1, 2023 to December 31, 2023 and PAID from January 1, 2023 to March 31, 2024
- 6 Reconciliation will be performed within 180 days but no earlier than 120 days after the close of the plan year.
- 7 Actual claims include all Medical claims and Pharmacy claims if applicable, except for the following:
Benefits for services incurred prior to the effective date of the policy.
Losses in excess of \$300,000 per covered individual.
Losses in excess of usual and customary for out of network claims.
Losses associated with benefits not covered by the underlying employee benefit plan, but paid by the employee benefit plan.
- 8 Maximum guarantee payout is \$298,000.
- 9 Assumes UnitedHealthcare is the only carrier offered.
- 10 United Healthcare reserves the right to adjust the projected target claim factor or rescind this guarantee under any of the following circumstances:
Enrollment in total or by plan varies +/- 10% or more from the assumptions listed in this proposal.
An award is not made within 90 days of the issuance of this proposal.
Changes in federal, state or other applicable legislation or regulation require changes to this proposal
Changes to any of the included services/programs listed in item 2 above.
Any changes made to the plan of benefits offered covered by this guarantee.
In the event of a pandemic, UHC reserves the right to revisit or revoke this guarantee.
UHC will work with the customer to adjust for any claims utilization impact of COVID-19 in the 2020/2021 baseline period and the guarantee period. The intent is to stay true to our Net Cost Guarantee (NCG) commitment but normalize (+/-) for unforeseen impacts of the pandemic, including not just direct COVID-19-related costs but also the potential material reduction in care during the pandemic – and subsequent pent-up demand after the pandemic – for non-emergent/elective services, in an actuarial based fair manner for both parties. We will itemize and reconcile these claim costs accordingly in the Net Cost Guarantee.
- 11 Guarantee is provided in lieu of any Network Discount Guarantees previously quoted.