

FINANCIAL RENEWAL AND TERMS AMENDMENT

This Amendment (“Amendment”) is made to the Administrative Services Agreement (“Agreement”) by and between United HealthCare Services, Inc. (“United”) and City of Alice (“Customer”), Contract No. 925335, and is effective on October 1, 2022 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.

City of Alice

By _____
Authorized Signature

Print Name _____

Print Title _____

Date _____

United HealthCare Services, Inc.

By _____
Authorized Signature

Print Name _____

Print Title _____

Date _____

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 October 1, 2021:

1. The Bank Account sub-section under Section A3 Providing Funds in Exhibit A – Statement of Work is replaced in its entirety with the following:

Bank Account. United, on Customer's behalf, will open and maintain a Bank Account at a bank under United's sole control (the "Bank") to provide United the means to access Customer's funds for the purpose of payment of Plan benefits, Plan expenses (such as state surcharges or assessments), or other Customer financial obligations and, when authorized by Customer, fees. The Bank Account will be a part of the network of accounts that have been established at the Bank for United's self-funded customers. The funds in the Bank Account are Customer's and will not be comingled with any other customer funds.

2. The Allocation and Payment of Rebates sub-section under Section A8 Pharmacy Benefit Rebates Providing Funds in Exhibit A – Statement of Work is replaced in its entirety with the following:

Allocation and Payment of Rebates. United will negotiate with drug manufacturers for the payment of Rebates to United. United will retain 100% of the Rebates paid to United and any related interest and Customer has received an administrative fee credit as outlined in Exhibit B – Fees. The amount of Rebates retained depends on many factors, including whether Customer has an incentive benefit design, arrangements with drug manufacturers, the volume of Prescription Drug claims and the structure of the PDL.

If a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to propose a change to the fees as provided for in the Fees Section or increase the percentage of Rebate dollars retained by United.

3. Processing of run-out claims in the Shedule of Services under Section E. Claims Administration Services in Exhibit A – Statement of Work is replaced in its entirety with the following:

Service	Comments
<p>Processing of run-out claims (meaning claims incurred prior to the termination date) for six (6) months following termination.</p>	<p>If the Agreement terminates because Customer fails to pay United fees due, fails to provide the funding for the payment of benefits, or United terminates for any other material run-out will not apply. Run-out fees may apply to partial terminations at United's discretion.</p> <p>Suspension of Run-out Processing If Customer does not pay the run-out fees it owes United when due as set forth above, United will notify Customer. If Customer does not make the required payment within five (5) business days of United's notice to Customer, United may stop issuing checks and non-draft payments and suspend its run-out claims processing under this Agreement, such suspension to apply to all claims regardless of dates of service and shall remain in effect until such date when Customer makes the required payment</p>

Service	Comments
	<p>Termination of Run-out Processing Run-out claims processing will terminate (1) the date United gives Customer notice of termination because Customer did not pay the run-out fees Customer owed United when due as set forth in the Fee Exhibit, if applicable, or (2) if Customer fails to provide the required funds for payment of benefits under the terms of this Agreement. Such termination shall apply to all claims regardless of dates of service.</p>

Effective October 1, 2022:

- 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.

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 October 1, 2022 through September 30, 2024.

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 219 enrolled Employees in 2022 and 225 in 2023.

\$7.15 per Employee per month.

Average Contract Size: 1.50 in 2022 and 1.47 in 2023

The Fees include a Pharmacy Administrative Fee credit in the amount of \$33.07 per Employee per month.

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
Credit Balance Recovery <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.
Focused Claim Review <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.
Fraud, Waste, and Abuse Management <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
Hospital Bill and Premium Audit Services <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

Service Description	Fee
<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. 	<p>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>
<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. 	<p>33.33% of the applicable savings amount.</p>

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, United will manage, direct, and make decisions and submissions to support the IDR for Customer. – 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 IDR administration fee and all IDR arbitrator fees through the Bank Account. • 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. 	<p>For the 2022 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. Customer remains responsible for the government agency administration assessment and fees charged by the IDR arbitrator.</p> <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 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 is received and final compliance requirements are determined.</p>

Service Description	Fee
Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury. <ul style="list-style-type: none"> • 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. 	
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: <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. 	For the 2023 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.
Medical Benefit Drug Rebate Compensation	80% to Customer, the balance is retained by United as compensation for the services.
Naviguard Program <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) 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). 	\$4.50 per Employee per month
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.
Interest Rate on Fees and Underfunding Bank Account	Prime + 4%
Run-out Claims Administration 6 months of runout	Two months of Administration Fees.

Service Description	Fee
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.
Prior Authorization	\$50.00 per occurrence
Direct Member Reimbursement	\$2.50 per occurrence

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

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 September 31, 2024, Customer will pay United a prorated portion of this credit.

\$10,000 Wellness allowance per year

Implementation Credit

United will provide an Implementation Credit of \$20,000 for 2021, 2022 and 2023 to help Customer mitigate costs associated with an administrative service provider change.

The Implementation Credit will be paid via a credit to Customers medical administration fees after (a) the Agreement is executed and (b) the first month’s fees have been received by United.

To qualify for this credit, Customer's enrollment must exceed 197 employees. If Customer terminates Agreement prior to September 30, 2024, Customer will pay United a prorated portion of this credit as follows:

Early Termination Penalty:

- *Termination prior to September 30,2022: 100% of the Implementation Credit*
- *Termination prior to September 30,2023: 75% of the Implementation Credit*
- *Termination prior to September 30,2024: 50% of the Implementation Credit*

Caveat:

The Implementation 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 first year enrollment with United falls below the enrollment threshold, United will adjust the budget/credit and amount proportional to the enrollment reduction based on the amount of the credit/budget.

Credits must be used between October 1, 2021 and September 30, 2024. Any credits no used during this time period are forfeit.

Reimbursement or payment can only be made to Customer. Funds cannot be distributed to vendors.

Upon request form Customer, a credit will be issued in United’s fee billing system.

COBRA Fees

The following financial terms are effective for the period October 1, 2022 through September 30, 2023

Fee Schedule	
One Year Per Employee per month	\$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 forms 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 Notices (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

The following financial terms are effective for the period October 1, 2023 through September 30, 2024.

Fee Schedule	\$0.55 Per Employee per month
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 forms 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 Notices (Per Notice)	\$3.00/Notification
Customized Services (Letters, Correspondence)	Varies, plus postage
Direct Bill/Retiree Services - Per continuant, per month	\$4.50
COBRA 2% Administration Fee	
UnitedHealthcare will retain the 2% administration fee that is routinely charged to enrolled COBRA participants	

EXHIBIT C – PERFORMANCE GUARANTEES

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 October 1, 2022 through September 30, 2024 (“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.

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%
Criteria	Time to process, in business days or less after receipt of claim	business days 10
Level	Standard claim operations reports	
Period	Site Level	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$714
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	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	\$714
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		\$714
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		\$714
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 through September 30, 2023			
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		\$714
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%		

Abandonment Rate Effective October 1, 2023		
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	1.80%
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	\$714
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.90%	
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	\$714
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	\$357
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	\$357
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

The following Pharmacy and Specialty Pharmacy Financials are effective October 1, 2021 through September 30, 2024 (each twelve-month period is a “Guarantee Period”). In the event any of the terms herein are inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent terms will be null and void and United will have the right to revise, reprice or revoke this arrangement.

Pharmacy Financials				
Definition	Contracted pharmacy rates that will be delivered to You.			
Measurement and Criteria		10/01/2021	10/01/2022	10/01/2023
	Combined Discount Guarantee - Broad Network			
	Retail Brand, Average Wholesale Price (AWP) less	18.0%	18.2%	18.4%
	Retail Generic, AWP less	80.0%	80.5%	81.0%
	Mail Order Brand, AWP less	24.0%	24.5%	25.0%
	Mail Order Generic, AWP less	84.0%	84.5%	85.0%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.			
	Dispensing Fees - Broad Network			
	Retail Brand	\$0.60	\$0.60	\$0.60
	Retail Generic	\$0.60	\$0.60	\$0.60
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
	Credits and Allowances			
	Rebate Fee Credit (PEPM)	\$33.07	\$33.07	\$33.07
	Fees			
	Clinical Prior Authorizations (per review)	\$50.00	\$50.00	\$50.00
	Direct Member Reimbursement (per paper claim)	\$2.50	\$2.50	\$2.50
Level	Customer Specific			
Period	Annually			
Payment Period	Annually			
Payment Amount -- Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.			
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.			
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 Mail Order guarantee includes drugs dispensed for 46 days or greater. • When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees. 			

- 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 Fee Credit Specific Conditions

- Assumes implementation of United's Flex Base PDL
- Rebate Fee Credits are contingent upon Customer's adoption, without deviation, of United's PDL and PDL exclusions, as well as any changes United makes to its PDL and PDL exclusions; and the implementation of the step therapies required by United, as well as any changes United makes to its utilization management programs.
- Rebate Fee Credits 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 Customer changes or does not elect an incented plan design

Credits and Allowances

- Rebate Fee Credit: Customer will receive a rebate fee credit. Under this arrangement, rebates retained by United are used to lower the medical administration fee.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 10/01/2021 through 09/30/2024 ("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.
- Guarantee terms are subject to change based on an evaluation of customer specific utilization data.
- 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 220 Employees and 319 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.

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.

- 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.

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	<p>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.</p> <p>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.</p>
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
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	14.5%	INFLAMMATORY CONDITIONS	KEVZARA	9.9%
ANEMIA	EPOGEN	13.3%	INFLAMMATORY CONDITIONS	KINERET	13.5%
ANEMIA	PROCRIT	13.6%	INFLAMMATORY CONDITIONS	OLUMIANT	12.5%
ANEMIA	RETACRIT	14.1%	INFLAMMATORY CONDITIONS	ORENCIA	14.2%
ANTICONVULSANT	DIACOMIT	12.5%	INFLAMMATORY CONDITIONS	OTEZLA	13.5%
ANTICONVULSANT	EPIDIOLEX	12.5%	INFLAMMATORY CONDITIONS	RIDAURA	14.1%
ANTICONVULSANT	FINTEPLA	10.4%	INFLAMMATORY CONDITIONS	RINVOQ	14.1%
ANTIHYPERLIPIDEMIC	JUXTAPID	13.2%	INFLAMMATORY CONDITIONS	SILIQ	11.4%
ANTI-INFECTIVE	ARIKAYCE	13.0%	INFLAMMATORY CONDITIONS	SIMPONI	14.1%
ANTI-INFECTIVE	DARAPRIM	12.5%	INFLAMMATORY CONDITIONS	SKYRIZI	18.1%
ANTI-INFECTIVE	PYRIMETHAMINE	12.5%	INFLAMMATORY CONDITIONS	STELARA	14.1%
ASTHMA	FASENRA	12.5%	INFLAMMATORY CONDITIONS	TALTZ	11.4%
ASTHMA	NUCALA	12.5%	INFLAMMATORY CONDITIONS	TREMFYA	14.1%

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
CARDIOVASCULAR	NORTHERA	14.0%	INFLAMMATORY CONDITIONS	XELJANZ	14.1%
CARDIOVASCULAR	VYNDAMAX	15.2%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.1%
CARDIOVASCULAR	VYNDAQEL	12.5%	IRON OVERLOAD	DEFERASIROX	38.2%
CNS AGENTS	AUSTEDO	12.5%	IRON OVERLOAD	EXJADE	12.1%
CNS AGENTS	ENSPRYNG	11.9%	IRON OVERLOAD	FERRIPROX	12.5%
CNS AGENTS	FIRDAPSE	10.4%	IRON OVERLOAD	JADENU	13.5%
CNS AGENTS	HETLIOZ	14.0%	LIVER DISEASE	OCALIVA	15.0%
CNS AGENTS	INGREZZA	13.0%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	13.5%
CNS AGENTS	RILUTEK	13.5%	MOOD DISORDER DRUGS	SPRAVATO	13.5%
CNS AGENTS	RILUZOLE	92.6%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
CNS AGENTS	RUZURGI	11.4%	MULTIPLE SCLEROSIS	AUBAGIO	12.5%
CNS AGENTS	SABRIL	16.1%	MULTIPLE SCLEROSIS	AVONEX	14.0%
CNS AGENTS	TETRABENAZINE	46.4%	MULTIPLE SCLEROSIS	BAFIERTAM	14.0%
CNS AGENTS	TIGLUTIK	6.0%	MULTIPLE SCLEROSIS	BETASERON	14.1%
CNS AGENTS	VIGABATRIN	17.6%	MULTIPLE SCLEROSIS	COPAXONE	14.7%
CNS AGENTS	VIGADRONE	16.6%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	92.8%
CNS AGENTS	XENAZINE	15.5%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	61.9%
CNS AGENTS	XYREM	6.3%	MULTIPLE SCLEROSIS	EXTAVIA	14.1%
CNS AGENTS	XYWAV	7.3%	MULTIPLE SCLEROSIS	GILENYA	14.0%
CYSTIC FIBROSIS	BETHKIS	11.4%	MULTIPLE SCLEROSIS	GLATIRAMER	69.7%
CYSTIC FIBROSIS	CAYSTON	14.5%	MULTIPLE SCLEROSIS	GLATOPA	69.1%
CYSTIC FIBROSIS	KALYDECO	13.5%	MULTIPLE SCLEROSIS	KESIMPTA	14.0%
CYSTIC FIBROSIS	KITABIS PAK	12.5%	MULTIPLE SCLEROSIS	MAVENCLAD	14.0%
CYSTIC FIBROSIS	ORKAMBI	13.5%	MULTIPLE SCLEROSIS	MAYZENT	12.5%
CYSTIC FIBROSIS	PULMOZYME	15.0%	MULTIPLE SCLEROSIS	PLEGRIDY	13.5%
CYSTIC FIBROSIS	SYMDEKO	13.5%	MULTIPLE SCLEROSIS	REBIF	14.0%
CYSTIC FIBROSIS	TOBI	13.8%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	14.0%
CYSTIC FIBROSIS	TOBI PODHALER	13.8%	MULTIPLE SCLEROSIS	TECFIDERA	14.0%
CYSTIC FIBROSIS	TOBRAMYCIN	37.2%	MULTIPLE SCLEROSIS	VUMERITY	12.5%
CYSTIC FIBROSIS	TRIKAFTA	13.5%	MULTIPLE SCLEROSIS	ZEPOSIA	12.5%
ENDOCRINE	BUPHENYL	14.8%	MUSCULOSKELETAL AGENTS	EVRYSDI	7.3%
ENDOCRINE	BYNFEZIA	8.3%	NARCOLEPSY	WAKIX	13.5%
ENDOCRINE	CARBAGLU	7.3%	NEUTROPENIA	FULPHILA	13.8%
ENDOCRINE	CHENODAL	9.4%	NEUTROPENIA	GRANIX	13.8%

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ENDOCRINE	CLOVIQUE	33.1%	NEUTROPENIA	LEUKINE	13.8%
ENDOCRINE	CUPRIMINE	14.1%	NEUTROPENIA	NEULASTA	13.8%
ENDOCRINE	CYSTADANE	10.4%	NEUTROPENIA	NEUPOGEN	13.8%
ENDOCRINE	CYSTADROPS	10.4%	NEUTROPENIA	NIVESTYM	13.8%
ENDOCRINE	CYSTARAN	13.0%	NEUTROPENIA	UDENYCA	13.8%
ENDOCRINE	DEPEN TITRATABS	14.0%	NEUTROPENIA	ZARXIO	13.8%
ENDOCRINE	D-PENAMINE	13.0%	NEUTROPENIA	ZIEXTENZO	13.5%
ENDOCRINE	EGRIFTA	13.5%	ONCOLOGY - INJECTABLE	ELIGARD	12.6%
ENDOCRINE	FIRMAGON	13.5%	ONCOLOGY - INJECTABLE	INTRON A	13.5%
ENDOCRINE	GATTEX	14.8%	ONCOLOGY - INJECTABLE	LEUPROLIDE	52.7%
ENDOCRINE	H.P. ACTHAR	13.5%	ONCOLOGY - INJECTABLE	SYLATRON	13.5%
ENDOCRINE	ISTURISA	10.4%	ONCOLOGY - INJECTABLE	SYNRIBO	11.4%
ENDOCRINE	JYNARQUE	12.5%	ONCOLOGY - ORAL	ABIRATERONE	82.5%
ENDOCRINE	KEVEYIS	13.0%	ONCOLOGY - ORAL	AFINITOR	14.1%
ENDOCRINE	KORLYM	11.4%	ONCOLOGY - ORAL	AFINITOR DISPERZ	14.1%
ENDOCRINE	KUVAN	12.7%	ONCOLOGY - ORAL	ALECENSA	14.1%
ENDOCRINE	MYALEPT	7.3%	ONCOLOGY - ORAL	ALKERAN	15.4%
ENDOCRINE	NATPARA	13.2%	ONCOLOGY - ORAL	ALUNBRIG	11.9%
ENDOCRINE	NITYR	11.9%	ONCOLOGY - ORAL	AYVAKIT	14.5%
ENDOCRINE	OCTREOTIDE ACETATE	56.8%	ONCOLOGY - ORAL	BALVERSA	13.5%
ENDOCRINE	PENICILLAMINE	33.1%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
ENDOCRINE	PROCYSBI	7.3%	ONCOLOGY - ORAL	BOSULIF	13.5%
ENDOCRINE	RAVICTI	15.0%	ONCOLOGY - ORAL	BRAFTOVI	14.0%
ENDOCRINE	SAMSCA	13.5%	ONCOLOGY - ORAL	CABOMETYX	12.5%
ENDOCRINE	SANDOSTATIN	13.8%	ONCOLOGY - ORAL	CALQUENCE	13.5%
ENDOCRINE	SAPROPTERIN	41.3%	ONCOLOGY - ORAL	CAPECITABINE	79.4%
ENDOCRINE	SIGNIFOR	7.3%	ONCOLOGY - ORAL	CAPRELSA	9.4%
ENDOCRINE	SODIUM PHENYL BUTYRATE	33.1%	ONCOLOGY - ORAL	COMETRIQ	10.9%
ENDOCRINE	SOMATULINE DEPOT	13.5%	ONCOLOGY - ORAL	COPIKTRA	14.5%
ENDOCRINE	SOMAVERT	10.6%	ONCOLOGY - ORAL	COTELLIC	12.5%
ENDOCRINE	SYPRINE	13.5%	ONCOLOGY - ORAL	DAURISMO	12.5%
ENDOCRINE	THIOLA	11.4%	ONCOLOGY - ORAL	ERIVEDGE	12.5%
ENDOCRINE	TOLVAPTAN	33.1%	ONCOLOGY - ORAL	ERLEADA	13.5%
ENDOCRINE	TRIENTINE	84.6%	ONCOLOGY - ORAL	ERLOTINIB	33.1%
ENDOCRINE	XERMELO	13.0%	ONCOLOGY - ORAL	ETOPOSIDE	33.1%
ENDOCRINE	XURIDEN	12.5%	ONCOLOGY - ORAL	EVEROLIMUS	45.4%
ENZYME DEFICIENCY	CHOLBAM	4.2%	ONCOLOGY - ORAL	FARYDAK	11.4%
ENZYME DEFICIENCY	CYSTAGON	10.9%	ONCOLOGY - ORAL	GILOTRIF	7.3%
ENZYME DEFICIENCY	GALAFOLD	14.0%	ONCOLOGY - ORAL	GLEEVEC	15.4%
ENZYME DEFICIENCY	MIGLUSTAT	33.1%	ONCOLOGY - ORAL	GLEOSTINE	15.4%
ENZYME DEFICIENCY	NITISINONE	33.1%	ONCOLOGY - ORAL	HYCAMTIN	14.8%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	IBRANCE	13.0%

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ENZYME DEFICIENCY	PALYNZIQ	11.4%	ONCOLOGY - ORAL	ICLUSIG	12.7%
ENZYME DEFICIENCY	STRENSIQ	11.3%	ONCOLOGY - ORAL	IDHIFA	14.5%
ENZYME DEFICIENCY	SUCRAID	12.2%	ONCOLOGY - ORAL	IMATINIB MESYLATE	92.3%
ENZYME DEFICIENCY	TEGSEDI	7.3%	ONCOLOGY - ORAL	IMBRUVICA	14.0%
ENZYME DEFICIENCY	ZAVESCA	7.3%	ONCOLOGY - ORAL	INLYTA	13.6%
GAUCHERS DISEASE	CERDELGA	13.5%	ONCOLOGY - ORAL	INQOVI	10.4%
GENETIC DISORDER	DOJOLVI	15.0%	ONCOLOGY - ORAL	INREBIC	12.5%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	14.1%	ONCOLOGY - ORAL	IRESSA	14.5%
GROWTH HORMONE DEFICIENCY	HUMATROPE	14.7%	ONCOLOGY - ORAL	JAKAFI	12.5%
GROWTH HORMONE DEFICIENCY	INCRELEX	13.5%	ONCOLOGY - ORAL	KISQALI	14.5%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	16.0%	ONCOLOGY - ORAL	KISQALI FEMARA	15.0%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	14.2%	ONCOLOGY - ORAL	KOSELUGO	13.7%
GROWTH HORMONE DEFICIENCY	OMNITROPE	14.5%	ONCOLOGY - ORAL	LAPATINIB	33.1%
GROWTH HORMONE DEFICIENCY	SAIZEN	17.5%	ONCOLOGY - ORAL	LENVIMA	14.5%
GROWTH HORMONE DEFICIENCY	SEROSTIM	13.5%	ONCOLOGY - ORAL	LONSURF	12.5%
GROWTH HORMONE DEFICIENCY	ZOMACTON	14.7%	ONCOLOGY - ORAL	LORBRENA	11.4%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	13.0%	ONCOLOGY - ORAL	LYNPARZA	12.2%
HEMATOLOGIC	BERINERT	12.5%	ONCOLOGY - ORAL	MATULANE	13.0%
HEMATOLOGIC	CABLIVI	13.5%	ONCOLOGY - ORAL	MEKINIST	11.4%
HEMATOLOGIC	CINRYZE	14.5%	ONCOLOGY - ORAL	MEKTOVI	14.0%
HEMATOLOGIC	DOPTELET	13.5%	ONCOLOGY - ORAL	MELPHALAN	33.1%
HEMATOLOGIC	FIRAZYR	13.5%	ONCOLOGY - ORAL	MESNEX	14.0%
HEMATOLOGIC	HAEGARDA	12.5%	ONCOLOGY - ORAL	NERLYNX	14.3%
HEMATOLOGIC	ICATIBANT	33.1%	ONCOLOGY - ORAL	NEXAVAR	12.5%
HEMATOLOGIC	MOZOBIL	13.5%	ONCOLOGY - ORAL	NILANDRON	15.0%
HEMATOLOGIC	MULPLETA	13.5%	ONCOLOGY - ORAL	NILUTAMIDE	27.9%
HEMATOLOGIC	OXBRYTA	11.9%	ONCOLOGY - ORAL	NINLARO	13.5%
HEMATOLOGIC	PROMACTA	13.5%	ONCOLOGY - ORAL	NUBEQA	13.5%
HEMATOLOGIC	RUCONEST	13.2%	ONCOLOGY - ORAL	ODOMZO	13.8%
HEMATOLOGIC	TAKHZYRO	13.5%	ONCOLOGY - ORAL	ONUREG	11.9%
HEMATOLOGIC	TAVALISSE	13.5%	ONCOLOGY - ORAL	PEMAZYRE	14.0%
HEMOPHILIA - INFUSED	ADVATE	43.2%	ONCOLOGY - ORAL	PIQRAY	11.9%
HEMOPHILIA - INFUSED	ADYNOVATE	34.1%	ONCOLOGY - ORAL	POMALYST	13.0%
HEMOPHILIA - INFUSED	AFSTYLA	34.0%	ONCOLOGY - ORAL	PURIXAN	12.5%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	42.0%	ONCOLOGY - ORAL	QINLOCK	14.5%
HEMOPHILIA - INFUSED	ALPHANINE SD	49.3%	ONCOLOGY - ORAL	RETEVMO	12.5%
HEMOPHILIA - INFUSED	ALPROLIX	13.5%	ONCOLOGY - ORAL	REVLIMID	14.8%
HEMOPHILIA - INFUSED	BENEFIX	14.5%	ONCOLOGY - ORAL	ROZLYTREK	15.4%

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
HEMOPHILIA - INFUSED	COAGADEX	30.0%	ONCOLOGY - ORAL	RUBRACA	14.5%
HEMOPHILIA - INFUSED	CORIFACT	27.9%	ONCOLOGY - ORAL	RYDAPT	15.4%
HEMOPHILIA - INFUSED	ELOCTATE	27.9%	ONCOLOGY - ORAL	SPRYCEL	15.4%
HEMOPHILIA - INFUSED	FEIBA	40.2%	ONCOLOGY - ORAL	STIVARGA	11.9%
HEMOPHILIA - INFUSED	HEMOPIL M	44.4%	ONCOLOGY - ORAL	SUTENT	14.8%
HEMOPHILIA - INFUSED	HUMATE-P	37.1%	ONCOLOGY - ORAL	TABLOID	15.4%
HEMOPHILIA - INFUSED	IDELVION	13.5%	ONCOLOGY - ORAL	TABRECTA	12.5%
HEMOPHILIA - INFUSED	IXINITY	13.5%	ONCOLOGY - ORAL	TAFINLAR	13.5%
HEMOPHILIA - INFUSED	JIVI	22.8%	ONCOLOGY - ORAL	TAGRISSE	13.5%
HEMOPHILIA - INFUSED	KOATE	42.3%	ONCOLOGY - ORAL	TALZENNA	13.5%
HEMOPHILIA - INFUSED	KOATE-DVI	42.3%	ONCOLOGY - ORAL	TARCEVA	15.3%
HEMOPHILIA - INFUSED	KOGENATE FS	47.3%	ONCOLOGY - ORAL	TARGRETIN	14.0%
HEMOPHILIA - INFUSED	KOVALTRY	45.7%	ONCOLOGY - ORAL	TASIGNA	13.5%
HEMOPHILIA - INFUSED	MONONINE	31.4%	ONCOLOGY - ORAL	TAZVERIK	13.7%
HEMOPHILIA - INFUSED	NOVOEIGHT	44.3%	ONCOLOGY - ORAL	TEMODAR	14.8%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	38.3%	ONCOLOGY - ORAL	TEMOZOLOMIDE	51.6%
HEMOPHILIA - INFUSED	NUWIQ	48.2%	ONCOLOGY - ORAL	THALOMID	14.8%
HEMOPHILIA - INFUSED	PROFILNINE	30.0%	ONCOLOGY - ORAL	TIBSOVO	13.5%
HEMOPHILIA - INFUSED	REBINYN	17.6%	ONCOLOGY - ORAL	TRETINOIN	84.6%
HEMOPHILIA - INFUSED	RECOMBINATE	41.3%	ONCOLOGY - ORAL	TUKYSA	13.7%
HEMOPHILIA - INFUSED	RIXUBIS	13.7%	ONCOLOGY - ORAL	TURALIO	14.0%
HEMOPHILIA - INFUSED	TRETTEN	14.4%	ONCOLOGY - ORAL	TYKERB	14.8%
HEMOPHILIA - INFUSED	VONVENDI	12.5%	ONCOLOGY - ORAL	VENCLEXTA	12.5%
HEMOPHILIA - INFUSED	WILATE	42.3%	ONCOLOGY - ORAL	VERZENIO	13.0%
HEMOPHILIA - INFUSED	XYNTHA	38.4%	ONCOLOGY - ORAL	VITRAKVI	14.5%
HEMOPHILIA - INJECTABLE	HEMLIBRA	12.5%	ONCOLOGY - ORAL	VIZIMPRO	8.3%
HEPATITIS B	ADEFOVIR DIPIVOXIL	33.1%	ONCOLOGY - ORAL	VOTRIENT	13.5%
HEPATITIS B	BARACLUDE	13.8%	ONCOLOGY - ORAL	XALKORI	11.9%
HEPATITIS B	ENTECAVIR	61.5%	ONCOLOGY - ORAL	XELODA	15.4%
HEPATITIS B	EPIVIR HBV	14.3%	ONCOLOGY - ORAL	XOSPATA	14.5%
HEPATITIS B	HEPSERA	13.7%	ONCOLOGY - ORAL	XPOVIO	14.3%
HEPATITIS B	LAMIVUDINE HBV	33.1%	ONCOLOGY - ORAL	XTANDI	13.5%
HEPATITIS B	VEMLIDY	13.3%	ONCOLOGY - ORAL	YONSA	13.5%
HEPATITIS C	EPCLUSA	14.0%	ONCOLOGY - ORAL	ZEJULA	13.7%

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
HEPATITIS C	HARVONI	15.0%	ONCOLOGY - ORAL	ZELBORAF	13.0%
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	15.0%	ONCOLOGY - ORAL	ZOLINZA	14.8%
HEPATITIS C	MAVYRET	14.0%	ONCOLOGY - ORAL	ZYDELIG	14.5%
HEPATITIS C	PEGASYS	16.5%	ONCOLOGY - ORAL	ZYKADIA	13.0%
HEPATITIS C	PEGINTRON	17.5%	ONCOLOGY - ORAL	ZYTIGA	13.5%
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	14.0%	ONCOLOGY - TOPICAL	TARGRETIN	14.0%
HEPATITIS C	SOVALDI	14.0%	ONCOLOGY - TOPICAL	VALCHLOR	9.9%
HEPATITIS C	VIEKIRA PAK	13.5%	OPHTHALMIC	OXERVATE	12.5%
HEPATITIS C	VOSEVI	14.0%	OSTEOPOROSIS	FORTEO	13.9%
HEPATITIS C	ZEPATIER	13.9%	OSTEOPOROSIS	TERIPARATIDE	13.5%
IMMUNE MODULATOR	ACTIMMUNE	14.3%	OSTEOPOROSIS	TYMLOS	13.3%
IMMUNE MODULATOR	ARCALYST	15.0%	PARKINSONS DISEASE	APOKYN	11.5%
IMMUNOLOGICAL AGENTS	PALFORZIA	2.2%	PARKINSONS DISEASE	INBRIJA	12.5%
INFERTILITY	CETROTIDE	17.2%	PULMONARY DISEASE	ESBRIET	13.5%
INFERTILITY	CHORIONIC GONADOTROPIN	33.1%	PULMONARY DISEASE	OFEV	12.5%
INFERTILITY	FOLLISTIM AQ	24.3%	PULMONARY HYPERTENSION	ADCIRCA	13.5%
INFERTILITY	GANIRELIX ACETATE	16.6%	PULMONARY HYPERTENSION	ADEMPAS	13.5%
INFERTILITY	GONAL-F	22.9%	PULMONARY HYPERTENSION	ALYQ	58.8%
INFERTILITY	GONAL-F RFF	22.9%	PULMONARY HYPERTENSION	AMBRISENTAN	53.7%
INFERTILITY	MENOPUR	16.8%	PULMONARY HYPERTENSION	BOSENTAN	33.1%
INFERTILITY	NOVAREL	33.1%	PULMONARY HYPERTENSION	LETAIRIS	12.7%
INFERTILITY	OVIDREL	17.2%	PULMONARY HYPERTENSION	OPSUMIT	13.7%
INFERTILITY	PREGNYL	33.1%	PULMONARY HYPERTENSION	ORENITRAM	13.5%
INFLAMMATORY CONDITIONS	ACTEMRA	14.2%	PULMONARY HYPERTENSION	REVATIO	13.3%
INFLAMMATORY CONDITIONS	CIMZIA	15.5%	PULMONARY HYPERTENSION	SILDENAFIL	95.7%
INFLAMMATORY CONDITIONS	COSENTYX	13.5%	PULMONARY HYPERTENSION	TADALAFIL	33.1%
INFLAMMATORY CONDITIONS	DUPIXENT	14.1%	PULMONARY HYPERTENSION	TRACLEER	13.5%
INFLAMMATORY CONDITIONS	EMFLAZA	10.9%	PULMONARY HYPERTENSION	TYVASO	13.0%
INFLAMMATORY CONDITIONS	ENBREL	14.0%	PULMONARY HYPERTENSION	UPTRAVI	14.8%
INFLAMMATORY CONDITIONS	HUMIRA	15.5%	PULMONARY HYPERTENSION	VENTAVIS*	13.0%
INFLAMMATORY CONDITIONS	ILUMYA	14.1%			

*Includes Nebulizer

6/2021