

### FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 3

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, 2020 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

United HealthCare Services, Inc.

By Bill Gravell Jr.  
Authorized Signature  
Print Name Bill Gravell Jr.  
Print Title County Judge  
Date 1/28/20

By Holly Durinick  
Authorized Signature  
Print Name Holly Durinick  
Print Title Regional Contract Manager  
Date 1/13/2020

Renewal 3Q2019

**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, 2020, the Prescription Drug List (PDL) paragraph in Section A7 – Pharmacy Benefit Services, is deleted in its entirety and replaced with the following:**

**Prescription Drug List (PDL).** Customer has adopted one or more of United's PDLs for use with Customer's benefit plans. Customer agrees not to copy, distribute, sell, or otherwise provide the PDL to another party without United's prior written approval, except to Participants as described below. On termination of this Agreement or if Customer terminates the Pharmacy Benefit Services portion of this Agreement, Customer will stop all use of the PDL.

While Customer is the ultimate decision-maker on selecting the design of Customer's PDL(s), Customer has requested that United supply and assist Customer with, certain PDL development and management functions including but not limited to drug tiering decisions. United's intent is to provide Customer with the same PDL and management strategies that United develops and employs in the management of United's fully insured business.

United makes the final classification of an FDA-approved Prescription Drug product to a certain tier of the PDL by considering a number of factors including, but not limited to, clinical and economic factors. Clinical factors may include, but are not limited to, evaluations of the place in therapy, relative safety or relative efficacy of the Prescription Drug product, as well as whether supply limits or notification requirements should apply. Economic factors may include, but are not limited to, the Prescription Drug product's acquisition cost including, but not limited to, available Rebates, and assessments on the cost effectiveness of the Prescription Drug product.

United may periodically change the placement of a Prescription Drug product among the tiers and/or recommend specific Prescription Drug product exclusions from coverage. These changes generally will occur three times per year, but no more than six times per calendar year. These changes may occur without prior notice to Customer however United will provide notice to Customer of material changes to the PDL, United's drug tier classification procedures, coverage exclusions, and clinical programs. If Customer chooses not to implement a particular coverage exclusion or clinical program change, Customer needs to inform United in writing sixty (60) days prior to the effective date of the exclusion or change. Current drug placement and related information may be obtained from the member website, or by calling customer service.

**Effective January 1, 2020, Section A5 Claims Determinations and Appeals in Exhibit A is amended by the addition of the following:**

Catastrophic Events. During such time as a government agency declares a state of emergency or otherwise invokes emergency procedures with respect to Participants who may be affected by severe weather or other catastrophic events (a "Catastrophic Event Timeframe"), Customer directs United to implement certain changes in its claim procedures for affected Participants, including, for example: (a) exemption from the application of prior authorization requirements and/or penalties; (b) waiver of out-of-network restrictions (e.g., out-of-network providers paid at the Network Provider level); (c) extension of time frames for timely claims filing and/or appeals; (d) early replacement of lost or damaged durable medical equipment; and (e) other protocols reasonably required to provide Participants with access to health plan and pharmacy benefits, as applicable. Such protocols are applicable to Participants whose place of residency falls within impacted areas of the Catastrophic Event, and for dates of service that fall within the Catastrophic Event Timeframe.

**Effective January 1, 2020, the Maternity Program is in full force and effect as described in Section I Care Management Solutions Services of Exhibit A as follows.**

Service	Comments
Women's Health:	

Service	Comments
• Maternity Program	

This language replaces and supersedes any references in the Agreement to the Healthy Pregnancy Program, including related fees.

**Effective January 1, 2020, the Healthy Weight Program no longer applies. If included in the Agreement, any references to the Healthy Weight Program are hereby removed.**

**Effective January 1, 2020, the UnitedHealth Allies Discount Program no longer applies. If included in the Agreement, any reference to the UnitedHealth Allies Discount Program are hereby removed.**

**Effective January 1, 2020, NurseLine will transition to 24/7 access to care.**

**Effective January 1, 2020, any reference to recovery services in Section A2 Recovery Services in Exhibit A, and/or Section E. Claims Administration Services in Exhibit A, each as applicable, are replaced in their entirety as follows:**

#### **Section A2 Recovery Services**

United will provide recovery services for Overpayments and other Plan recovery opportunities as described herein. United will not be responsible for reimbursement of any unrecovered Overpayment nor attorneys' fees and costs related to litigation or arbitration associated with recoveries except to the extent an arbitrator, arbitration panel, or court of competent jurisdiction determines that the Overpayment was due to United's gross negligence or willful misconduct. Under no circumstances will United be responsible for reimbursement of unrecovered Overpayments resulting from a third party's fraud.

**Overpayments.** United utilizes generally-accepted auditing protocols to identify Overpayments. United will attempt to recover Overpayments by employing appropriate outreach to Participants and/or providers to request reimbursement.

**Fraud, Waste, and Abuse Management.** United will provide services related to detection, and recovery of wasteful, abusive, and/or fraudulent claims. United's Fraud, Waste, and Abuse Management processes will be based upon United's proprietary and confidential procedures, modes of analysis, and investigations. United will use these procedures and standards in delivering Fraud, Waste, and Abuse Management services to Customer and to United's other customers. Services include all work to identify recovery opportunities, research, data analysis, investigation, and initiation of all Recovery Processes set forth below. United does not guarantee or warranty any particular level of prevention, detection, or recovery. United agrees to perform Fraud, Waste, and Abuse Management services pursuant to the industry standards for such services.

**Credit Balance Recovery.** United utilizes on-site resources to perform hospital and/or facility audits to review, validate, and recover credit balances (dollars) existing on patient accounts to identify any recoverable amounts.

**Hospital Bill Audit.** United utilizes on-site resources (registered/licensed nurses and/or certified coders) to perform in-depth reviews of hospital bills. Auditors will conduct line by line comparisons of itemized bills to the medical records to ensure billing accuracy and identify any recoverable amounts.

**Subrogation.** United will provide services to recover Plan benefits that were paid and are recoverable by the Plan because payment was or should have been made by a third party for the same medical expense (other than in connection with coordination of benefits, Medicare, or other Overpayments). This is referred to as "Third Party Liability Recovery" or "Subrogation". Customer will not engage any entity except United to provide the services described in this Section without United's prior approval.

**Advanced Analytic Recovery Services.** United will use large scale analytics, information, and analysis to identify post-adjudication claims for additional recovery opportunities.

**Recovery Process – Non-Class Action Recoveries.** Customer delegates to United the discretion and authority to develop and use standards and procedures for any recovery opportunity, including but not limited to, whether or not to seek recovery, what steps to take if United decides to seek recovery, whether to initiate litigation or arbitration, the scope of such litigation or arbitration, which legal theories to pursue in such litigation or arbitration, and all decisions relating to such litigation or arbitration, including but not limited to, whether to compromise or settle any litigation or arbitration, and the circumstances under which a claim may be compromised or settled for less than the full amount of the potential recovery. In all instances where United pursues recovery through litigation or arbitration, Customer, on behalf of itself and on behalf of its Plan(s), will be deemed to have granted United an assignment of all ownership, title and legal rights and interests in and to any and all claims that are the subject matter of the litigation or arbitration.

Customer acknowledges that use of United's standards and procedures may not result in full or partial recovery for any particular claim or for any particular Customer. United will not pursue any recovery if it is not permitted by any applicable law, or if recovery would be impractical, as determined in United's discretion. While United may initiate litigation or arbitration to facilitate a recovery, United has no obligation to do so. If United initiates litigation or arbitration, Customer will cooperate with United in the litigation or arbitration.

If this Agreement terminates, in whole or in part, United can continue recovery activities for any claims paid when the Agreement was in effect pursuant to the terms of this Section A2.

**Recovery Process – Class Action Recoveries.** Where a class action purports to affect Customer's (or the Plan(s) it sponsors or administers) right to and interest in any Overpayment, United has the right to determine whether to seek recovery of the Overpayment on the Customer's (or the Plan(s) it sponsors or administers) behalf through litigation, arbitration, or settlement. If United elects to seek recovery of such an Overpayment that is at issue in a class action, United will provide written notice to Customer of its intention. If Customer does not want United to seek recovery of the Overpayment, Customer shall notify United in writing within thirty (30) days of receiving notice from United. If Customer does not so notify United, Customer, on behalf of itself and on behalf of the Plan(s) it sponsors and administers, assigns to United all ownership, title and legal rights and interests in and to any and all Overpayments that are the subject matter of the class action. In such cases, Customer will cooperate with United in any resulting litigation or arbitration that United may file to pursue the Overpayments.

If Customer provides United with written notice that it does not want United to seek recovery of an Overpayment related to a class action (whether putative or certified) then, pursuant to its standard procedures, United will provide Customer with related Overpayment claims information, at Customer's request. Customer is then solely responsible for determining whether it (or the Plan(s) it sponsors or administers) will participate in the class action (whether putative or certified), participate in any class action settlement, pursue recovery of the relevant Overpayment outside of the class action, or take any other action with respect to any cause of action the Customer (or the Plan(s) it sponsors or administers) might have.

If this Agreement terminates, in whole or in part, United can continue recovery activities for any claims paid when the Agreement was in effect pursuant to the terms of this Section A2.

**Offsetting Process.** In some instances, United may be able to obtain an Overpayment recovery by applying (or offsetting) the Overpayment against future payments to the provider made by United. In effectuating Overpayment recoveries through offset, United will follow its established Overpayment recovery rules which include, among other things, prioritizing Overpayment credits based on: (1) the age of the Overpayment for electronic payments and (2) the funding type and the age of the Overpayment for check payments. United may recover the Overpayment by offsetting, in whole or in part, against: (1) future benefits that are payable under the Plan in connection with services provided to any Participants; or (2) future benefits that are payable in connection with services provided to individuals covered under other self-insured or fully-insured plans for which United processes payments. In addition to permitting United to recover Overpayments on behalf of the Plan from benefits payable under other plans, United will enable other plans (including plans fully insured by United) to recover their Overpayments from benefits payable under the Plan. Customer understands and agrees that in doing so, the Plan is participating in a cooperative overpayment recovery effort with other plans for which United acts as the claims administrator. Reallocations pursuant to this process in no way impact the decision as to whether or not a benefit is payable under the Plan. In United's application of Overpayment recovery through offset, timing differences may arise in the processing of claims payments, disbursement of provider checks, and the recovery of Overpayments. As a result, the Plan may in some instances receive the benefit of an Overpayment recovery before United actually receives the funds from the provider. Conversely, United may receive the funds before the Plan receives the credit

for the Overpayment. It is hereby understood that the Parties may retain any interest that accrues as a result of these timing differences. Details associated with Overpayment recoveries made on behalf of the Plan through offset will be identified in the monthly reconciliation report provided to the designated representative for the Customer's Plan. The monthly reconciliation report will contain information relating only to Customer's Plan and will not contain information relating to other plans for which United acts as the claims administrator.

**Recovery Fees.** Customer will be charged a fee for the services described in this Section A2. That fee is set forth in Exhibit B-Fees.

**Effective February 1, 2020, coordination of benefits is in full force and effect as described in Section E Claims Administration Services of Exhibit A as follows.**

Service	Comments
Standard coordination of benefits for all claims.	

This language replaces and supersedes any references in the Agreement to coordination of benefits.

## **EXHIBIT B - FEES**

**Contract Number 911463**

**The following financial terms are effective for the period January 1, 2020 through December 31, 2022.**

The Standard Medical Service Fees are as stated below. Customer acknowledges that the amounts 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.

### **Standard Medical Service Fees**

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

#### **Effective January 1, 2020 through December 31, 2020**

The Standard Medical Fees are based upon an estimated minimum of 1,581 enrolled Employees.

**The Standard Medical Service Fees are the sum of the following:**

- \$51.03 per Employee per month covered under the Choice Plus portion of the Plan.
- \$53.65 per Employee per month covered under the Nexus portion of the Plan.

Average Contract Size: 2.22

#### **Effective January 1, 2021 through December 31, 2021**

**The Standard Medical Service Fees are the sum of the following:**

- \$52.56 per Employee per month covered under the Choice Plus portion of the Plan.
- \$55.26 per Employee per month covered under the Nexus portion of the Plan.

#### **Effective January 1, 2022 through December 31, 2022**

**The Standard Medical Service Fees are the sum of the following:**

- \$54.14 per Employee per month covered under the Choice Plus portion of the Plan.
- \$56.92 per Employee per month covered under the Nexus portion of the Plan.

### **Pharmacy AWP Contract Rate**

Customer's contract rate for prescription drugs is as provided in Exhibit C. United uses Medi-Span's national drug data file as the source for Average Wholesale Price information. United reserves the right to revise the pricing and adopt a new source or benchmark if there are material industry changes in pricing methodologies. United will not use two or more pricing sources simultaneously for a given claim.

### **Other Fees**

<b>Service Description</b>	<b>Fee</b>
Credit Balance Recovery Services	Fee not to exceed ten percent (10%) of the gross recovery amount.
Fraud and Abuse Management	Fee equal to thirty-two and five-tenths percent (32.5%) of the gross recovery amount.
Recovery Process Services	Attorneys' fees and costs directly incurred in connection with litigation or arbitration to recover any Overpayments will be deducted from the gross recovery. United will retain 32.5% of Customer's remaining recovery as a fee for

	its recovery process services, Customer's net recovery will be remitted to the Customer.  No fees will be charged if the Overpayment is solely the result of United's acts.
Recovery Process – Non-Opt-Out Class Action Recoveries	No fee will apply for recoveries obtained through a class action where United does not file an opt-out case on behalf of Customer.
Hospital Audit Program Services	Fee not to exceed thirty-one percent (31%) of the gross recovery amount.
Advanced Analytics and Recovery Services	Fee equal to twenty four percent (24%) of the gross recovery amount.
Third Party Liability Recovery (Subrogation) Services	Fee equal to thirty-three and one-third percent (33.3%) of the gross recovery amount.
Shared Savings Program	Customer will pay a fee equal to 29% of the Savings Obtained as a result of the Shared Savings Program.  The savings used to calculate the fee per individual claim for Shared Savings will not exceed \$50,000. Accordingly, the fee per individual claim will not exceed 29% of \$50,000.  Savings Obtained means the amount that would have been payable to a health care provider, including amounts payable by both the Participant and the Plan, if no discount were available, minus the amount that is payable to the health care provider, again, including amounts payable by both the Participant and the Plan, after the discount is taken.
External Reviews	For each subsequent external review beyond 5 total reviews per year, a fee of \$500 will apply per review.
Standard Dental Administrative Service Fees	The Standard Dental Service Fees are the sum of \$3.12 per Employee per month.  Average Contract Size: 2.29

#### **Wellness Allowance**

\$40,000 Wellness allowance per year.

#### **Renewal Allowance**

United will provide a renewal allowance to help Customer mitigate costs associated with a renewal change, to be used at Customer's discretion. This allowance is available during the first month of years 2-3 ( 2021 and 2022).

Early termination penalties apply.

The renewal allowance will be paid through a credit to Customer's fees as follows:

##### Choice Plus Plan:

- \$52.56 per Employee per month Renewal allowance in January 2021.
- \$54.14 per Employee per month Renewal allowance in January 2022.

##### Nexus Plan:

- \$55.26 per Employee per month Renewal allowance in January 2021.
- \$56.92 per Employee per month Renewal allowance in January 2022.

**Flexible Spending Account Administration****Contract No.: 911765****The following financial terms are effective for the period January 1, 2020 through December 31, 2020**

Service Description	Fee
FSA Administration	\$2.95 Per Enrollee Per Month (PEPM)
Additional FSA Fees	
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 occurrence

**COBRA Administration****Contract No.: 911463****The following financial terms are effective for the period January 1, 2018 through December 31, 2022**

	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022
<b>COBRA and/or Direct Billing Set Up and Maintenance</b>	<b>\$0.55 PEPM</b>	<b>\$0.55 PEPM</b>	<b>\$0.55 PEPM</b>	<b>\$0.55 PEPM</b>	<b>\$0.55 PEPM</b>
Group Setup Fee (one time fee at implementation)	Included	n/a	n/a	n/a	n/a
COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator)	Included	n/a	n/a	n/a	n/a
On-going Maintenance Fee (annual fee in subsequent years after implementation)	n/a	Included	Included	Included	Included
<b>COBRA Services</b>					
Ongoing COBRA Continuant Per Month Charge	Included	Included	Included	Included	Included
Qualifying Event Notifications: Qualifying Event Services (fee per Qualifying Event -- includes distribution of Qualifying Event notices and election forms via proof of mail with instructions, and processing of enrollment forms returned)	Included	Included	Included	Included	Included
Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month)	Included	Included	Included	Included	Included
COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification	Included	Included	Included	Included	Included
Women's Health Cancer Rights Act (WHCRA) Notices (per notice)	Included	Included	Included	Included	Included
Texas State Continuation Notification (per notice)	Included	Included	Included	Included	Included
Past Due Notices to Continuant (per notice, upon request)	Included	Included	Included	Included	Included

**Note: The 2% COBRA administration portion from premium collected**



from continuants is  
remitted to the customer.

**Retiree Billing Services**

Retiree Direct Billing (per continuant per month)	\$4.50	\$4.50	\$4.50	\$4.50	\$4.50
Past Due Notices to Continuants (per notice, upon request)	Included	Included	Included	Included	Included

**The following are  
Optional Services  
Available to customers  
purchasing  
COBRA/Direct Bill  
Services**

**Employee Notification Services**

Retro COBRA / HIPAA Initial Rights Notices (per notice)	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Post-COBRA HIPAA Certificates of Coverage on <u>outside</u> COBRA members (per certificate)*	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
HIPAA Privacy Notices (per notice)	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Medicare-D Notifications	\$0.95	\$0.95	\$0.95	\$0.95	\$0.95

**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 <i>*There is a \$100 minimum for Open Enrollment Services</i>	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage
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\*We provide these certificates through our internal processes as part of standard services for UnitedHealthcare members.

## EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, as described in Exhibit B), (hereinafter referred to as “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, 2020 through December 31, 2020 (“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		\$14,571
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		\$14,571
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		\$14,571
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 our 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		\$14,571
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		\$14,571
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 are each assigned a customer service quality score, using our 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		\$14,571
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		\$7,286
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		\$7,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		N/A
Gradients	Not applicable		

Effective January 1, 2020 through December 31, 2022 (each twelve month period is a, "Guarantee Period")

Pharmacy Financials			
Definition	Contracted pharmacy rates that will be delivered to You.		
Measurement and Criteria		01/01/2020	01/01/2021
			01/01/2022
	<b>Combined Discount Guarantee</b>		
	Retail Brand, Average Wholesale Price (AWP) less	21.0%	21.0%
			21.0%
	Retail Brand -- 90 Day Supply, AWP less	24.0%	24.0%
			24.0%
	Retail Generic - 30 and 90 Day Supply, AWP less	82.5%	82.5%
			82.5%
	Mail Order Brand, AWP less	25.0%	25.0%
			25.0%
	Mail Order Generic, AWP less	85.5%	85.5%
			85.5%
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.			
<b>Dispensing Fees</b>			
Retail Brand - 30 Day			
	\$0.60	\$0.60	\$0.60

-	Retail Brand -- 90 Day Supply	\$0.20	\$0.20	\$0.20
	Retail Generic - 30 Day	\$0.60	\$0.60	\$0.60
	Retail Generic -- 90 Day Supply	\$0.20	\$0.20	\$0.20
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
	<b>Minimum Rebate Guarantee (Advantage PDL)</b>			
-	Rebate Sharing Percentage	100.0%	100.0%	100.0%
-	Basis, per script	Brand	Brand	Brand
-	Retail - 30 and 90 Day	\$203.76	\$244.55	\$277.99
-	Mail Order	\$383.65	\$412.01	\$448.13
-	Specialty	Included In Retail	Included In Retail	Included In Retail
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.			
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.			
Conditions	<p><b>Discount Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does not apply to items covered under the Plan for which no AWP measure exists.</li> <li>• 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.</li> <li>• The arrangement excludes all specialty drugs, 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 non-drug items.</li> <li>• The Arrangement includes usual &amp; customary claims, vaccines, long term care facility claims, veterans' affairs facility claims, over-the-counter claims.</li> <li>• 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.</li> <li>• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.</li> <li>• Drugs in the following Specialty therapeutic categories are included in the retail guarantees: HIV.</li> </ul> <p><b>Rebate Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• Assumes implementation of United's Advantage PDL</li> </ul> <p>United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>			

	<ul style="list-style-type: none"> <li>• in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates</li> <li>• 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</li> <li>• if Customer changes or does not elect an Incented plan design</li> <li>• 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.</li> <li>• Specialty rebates are included in the guaranteed retail per-script rebates above.</li> <li>• 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.</li> <li>• If Customer terminates pharmacy benefit services with United prior to 12/31/2022, 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.</li> <li>• Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: HIV.</li> </ul> <p><b>General Conditions</b></p> <ul style="list-style-type: none"> <li>• On mail order 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.</li> <li>• A minimum of 1,423 Employees and 3,158 Participants enrolled in the pharmacy plan is required.</li> <li>• 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.</li> <li>• All pricing guarantees require the selection of United as the exclusive mail provider.</li> <li>• 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.</li> </ul>
TRRX (04/2019)	

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
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below.
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.
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"> <li>• 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.</li> <li>• Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded.</li> <li>• 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</li> <li>• 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.</li> </ul>				
Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	14.2%	INFLAMMATOR Y CONDITIONS	ACTEMRA	14.2%
ANEMIA	EPOGEN	13.3%	INFLAMMATOR Y CONDITIONS	CIMZIA	15.5%
ANEMIA	PROCRT	13.6%	INFLAMMATOR Y CONDITIONS	COSENTYX	13.0%
ANEMIA	RETACRIT	14.1%	INFLAMMATOR Y CONDITIONS	DUPIXENT	14.1%
ANTICONVULSANTS	EPIDIOLEX	12.5%	INFLAMMATOR Y CONDITIONS	EMFLAZA	10.9%
ANTIHYPERLIPIDEMIC	JUXTAPID	13.2%	INFLAMMATOR Y CONDITIONS	ENBREL	14.0%
ANTIHYPERLIPIDEMIC	PRALUENT	13.5%	INFLAMMATOR Y CONDITIONS	HUMIRA	15.5%
ANTIHYPERLIPIDEMIC	REPATHA	14.0%	INFLAMMATOR Y CONDITIONS	ILUMYA	14.1%
ANTI-INFECTIVE	ARIKAYCE	13.0%	INFLAMMATOR Y CONDITIONS	KEVZARA	9.9%
ANTI-INFECTIVE	DARAPRIM	12.5%	INFLAMMATOR Y CONDITIONS	KINERET	13.2%
CARDIOVASCULAR	NORTHERA	14.0%	INFLAMMATOR Y CONDITIONS	OLUMIANT	12.5%
CNS AGENTS	AUSTEDO	12.5%	INFLAMMATOR Y CONDITIONS	ORENCIA	14.2%
CNS AGENTS	HETLIOZ	14.0%	INFLAMMATOR Y CONDITIONS	OTEZLA	13.5%
CNS AGENTS	INGREZZA	13.0%	INFLAMMATOR Y CONDITIONS	RIDAURA	14.1%
CNS AGENTS	RILUTEK	13.5%	INFLAMMATOR Y CONDITIONS	SILIQ	11.4%
CNS AGENTS	RILUZOLE	13.5%	INFLAMMATOR Y CONDITIONS	SIMPONI	14.1%
CNS AGENTS	SABRIL	16.1%	INFLAMMATOR Y CONDITIONS	STELARA	12.5%
CNS AGENTS	TETRABENAZINE	38.2%	INFLAMMATOR Y CONDITIONS	TALTZ	11.4%
CNS AGENTS	TIGLUTIK	6.0%	INFLAMMATOR Y CONDITIONS	TREMFYA	14.1%
CNS AGENTS	VIGABATRIN	17.6%	INFLAMMATOR Y CONDITIONS	XELJANZ	13.5%
CNS AGENTS	VIGADRONE	16.6%	INFLAMMATOR Y CONDITIONS	XELJANZ XR	13.5%
CNS AGENTS	XENAZINE	12.5%	IRON OVERLOAD	EXJADE	12.1%
CNS AGENTS	XYREM	6.3%	IRON OVERLOAD	FERRIPROX	12.5%

CYSTIC FIBROSIS	BETHKIS	11.4%	IRON OVERLOAD	JADENU	13.5%
CYSTIC FIBROSIS	CAYSTON	14.5%	LIVER DISEASE	OCALIVA	15.0%
CYSTIC FIBROSIS	KALYDECO	13.5%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	13.5%
CYSTIC FIBROSIS	KITABIS PAK	12.5%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
CYSTIC FIBROSIS	ORKAMBI	13.5%	MULTIPLE SCLEROSIS	AUBAGIO	12.5%
CYSTIC FIBROSIS	PULMOZYME	15.0%	MULTIPLE SCLEROSIS	AVONEX	13.5%
CYSTIC FIBROSIS	SYMDEKO	13.5%	MULTIPLE SCLEROSIS	BETASERON	14.1%
CYSTIC FIBROSIS	TOBI	13.8%	MULTIPLE SCLEROSIS	COPAXONE	14.7%
CYSTIC FIBROSIS	TOBI PODHALER	13.8%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	38.2%
CYSTIC FIBROSIS	TOBRAMYCIN	37.2%	MULTIPLE SCLEROSIS	EXTAVIA	13.5%
ENDOCRINE	BUPHENYL	13.5%	MULTIPLE SCLEROSIS	GILENYA	14.0%
ENDOCRINE	CARBAGLU	7.3%	MULTIPLE SCLEROSIS	GLATIRAMER	69.7%
ENDOCRINE	CHENODAL	9.4%	MULTIPLE SCLEROSIS	GLATOPA	33.1%
ENDOCRINE	CUPRIMINE	13.5%	MULTIPLE SCLEROSIS	PLEGRIDY	13.5%
ENDOCRINE	CYSTADANE	10.4%	MULTIPLE SCLEROSIS	REBIF	14.0%
ENDOCRINE	CYSTARAN	13.0%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	14.0%
ENDOCRINE	DEPEN TITRATABS	14.0%	MULTIPLE SCLEROSIS	TECFIDERA	13.5%
ENDOCRINE	EGRIFTA	13.5%	MULTIPLE SCLEROSIS	ZINBRYTA	12.5%
ENDOCRINE	FIRMAGON	13.5%	NEUTROPENIA	FULPHILA	13.8%
ENDOCRINE	GATTEX	14.8%	NEUTROPENIA	GRANIX	13.8%
ENDOCRINE	H.P. ACTHAR	13.5%	NEUTROPENIA	LEUKINE	13.8%
ENDOCRINE	JYNARQUE	12.5%	NEUTROPENIA	NEULASTA	13.8%
ENDOCRINE	KEVEYIS	13.0%	NEUTROPENIA	NEUPOGEN	13.8%
ENDOCRINE	KORLYM	11.4%	NEUTROPENIA	NIVESTYM	13.8%
ENDOCRINE	KUVAN	12.7%	NEUTROPENIA	UDENYCA	13.8%
ENDOCRINE	MYALEPT	7.3%	NEUTROPENIA	ZARXIO	13.8%
ENDOCRINE	NATPARA	13.2%	ONCOLOGY - INJECTABLE	INTRON A	13.5%
ENDOCRINE	NITYR	11.9%	ONCOLOGY - INJECTABLE	SYLATRON	13.5%
ENDOCRINE	OCTREOTIDE ACETATE	46.4%	ONCOLOGY - INJECTABLE	SYNRIBO	11.4%
ENDOCRINE	PROCYSBI	7.3%	ONCOLOGY - ORAL	ABIRATERONE	33.1%
ENDOCRINE	RAVICTI	12.5%	ONCOLOGY - ORAL	AFINITOR	13.5%
ENDOCRINE	SAMSCA	13.5%	ONCOLOGY - ORAL	AFINITOR DISPERZ	13.5%
ENDOCRINE	SANDOSTATIN	33.1%	ONCOLOGY - ORAL	ALECENSA	14.1%
ENDOCRINE	SIGNIFOR	7.3%	ONCOLOGY - ORAL	ALKERAN	15.4%
ENDOCRINE	SODIUM PHENYLBUTYRATE	33.1%	ONCOLOGY - ORAL	ALUNBRIG	11.9%



ENDOCRINE	SOMATULINE DEPOT	13.5%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
ENDOCRINE	SOMAVERT	10.6%	ONCOLOGY - ORAL	BOSULIF	13.5%
ENDOCRINE	SYPRINE	13.5%	ONCOLOGY - ORAL	BRAFTOVI	12.5%
ENDOCRINE	THIOLA	11.4%	ONCOLOGY - ORAL	CABOMETYX	12.5%
ENDOCRINE	TRIENTINE	47.2%	ONCOLOGY - ORAL	CALQUENCE	12.5%
ENDOCRINE	XERMELO	13.0%	ONCOLOGY - ORAL	CAPECITABINE	33.1%
ENDOCRINE	XURIDEN	12.5%	ONCOLOGY - ORAL	CAPRELSA	9.4%
ENZYME DEFICIENCY	CHOLBAM	4.2%	ONCOLOGY - ORAL	COMETRIQ	10.9%
ENZYME DEFICIENCY	CYSTAGON	10.9%	ONCOLOGY - ORAL	COPIKTRA	12.5%
ENZYME DEFICIENCY	GALAFOLD	14.0%	ONCOLOGY - ORAL	COTELLIC	12.5%
ENZYME DEFICIENCY	MIGLUSTAT	7.3%	ONCOLOGY - ORAL	DAURISMO	12.5%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	ERIVEDGE	12.5%
ENZYME DEFICIENCY	PALYNZIQ	11.4%	ONCOLOGY - ORAL	ERLEADA	13.5%
ENZYME DEFICIENCY	STRENSIQ	11.3%	ONCOLOGY - ORAL	FARYDAK	11.4%
ENZYME DEFICIENCY	SUCRAID	12.2%	ONCOLOGY - ORAL	GILOTRIF	7.3%
ENZYME DEFICIENCY	TEGSEDI	7.3%	ONCOLOGY - ORAL	GLEEVEC	15.4%
ENZYME DEFICIENCY	ZAVESCA	7.3%	ONCOLOGY - ORAL	HYCANTIN	14.8%
GAUCHERS DISEASE	CERDELGA	13.5%	ONCOLOGY - ORAL	IBRANCE	13.0%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	14.1%	ONCOLOGY - ORAL	ICLUSIG	12.7%
GROWTH HORMONE DEFICIENCY	HUMATROPE	14.7%	ONCOLOGY - ORAL	IDHIFA	14.5%
GROWTH HORMONE DEFICIENCY	INCRELEX	13.5%	ONCOLOGY - ORAL	IMATINIB MESYLATE	65.2%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	16.0%	ONCOLOGY - ORAL	IMBRUVICA	12.5%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	14.2%	ONCOLOGY - ORAL	INLYTA	13.5%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ NUSPIN	14.2%	ONCOLOGY - ORAL	IRESSA	12.5%
GROWTH HORMONE DEFICIENCY	OMNITROPE	13.9%	ONCOLOGY - ORAL	JAKAFI	12.5%
GROWTH HORMONE DEFICIENCY	SAIZEN	17.5%	ONCOLOGY - ORAL	KISQALI	14.5%
GROWTH HORMONE DEFICIENCY	SEROSTIM	13.5%	ONCOLOGY - ORAL	KISQALI FEMARA	14.5%
GROWTH HORMONE DEFICIENCY	ZOMACTON	14.7%	ONCOLOGY - ORAL	LENVIMA	13.5%
GROWTH HORMONE	ZORBTIVE	13.0%	ONCOLOGY - ORAL	LONSURF	12.5%

DEFICIENCY					
HEMATOLOGIC	BERINERT	12.5%	ONCOLOGY - ORAL	LORBRENA	12.5%
HEMATOLOGIC	CINRYZE	12.5%	ONCOLOGY - ORAL	LYNPARZA	12.2%
HEMATOLOGIC	DOPTelet	13.5%	ONCOLOGY - ORAL	MATULANE	13.0%
HEMATOLOGIC	FIRAZYR	13.5%	ONCOLOGY - ORAL	MEKINIST	11.4%
HEMATOLOGIC	HAEGARDA	12.5%	ONCOLOGY - ORAL	MEKTOVI	12.5%
HEMATOLOGIC	MOZOBIL	13.5%	ONCOLOGY - ORAL	MELPHALAN	33.1%
HEMATOLOGIC	MULPLETA	13.5%	ONCOLOGY - ORAL	MESNEX	14.0%
HEMATOLOGIC	PROMACTA	13.5%	ONCOLOGY - ORAL	NERLYNX	14.3%
HEMATOLOGIC	RUCONEST	13.2%	ONCOLOGY - ORAL	NEXAVAR	12.5%
HEMATOLOGIC	TAKHZYRO	12.5%	ONCOLOGY - ORAL	NINLARO	13.5%
HEMATOLOGIC	TAVALISSE	13.5%	ONCOLOGY - ORAL	ODOMZO	13.8%
HEMOPHILIA - INFUSED	ADVATE	41.0%	ONCOLOGY - ORAL	POMALYST	13.0%
HEMOPHILIA - INFUSED	ADYNOVATE	32.0%	ONCOLOGY - ORAL	REVLIMID	12.2%
HEMOPHILIA - INFUSED	AFSTYLA	34.0%	ONCOLOGY - ORAL	RUBRACA	12.5%
HEMOPHILIA - INFUSED	ALPHANATE/VO N WILLEBRAND	39.5%	ONCOLOGY - ORAL	RYDAPT	15.4%
HEMOPHILIA - INFUSED	ALPHANINE SD	44.9%	ONCOLOGY - ORAL	SPRYCEL	15.4%
HEMOPHILIA - INFUSED	ALPROLIX	13.5%	ONCOLOGY - ORAL	STIVARGA	11.9%
HEMOPHILIA - INFUSED	BEBULIN	20.7%	ONCOLOGY - ORAL	SUTENT	13.7%
HEMOPHILIA - INFUSED	BENEFIX	13.5%	ONCOLOGY - ORAL	TAFINLAR	13.5%
HEMOPHILIA - INFUSED	COAGADEX	30.0%	ONCOLOGY - ORAL	TAGRISSO	13.5%
HEMOPHILIA - INFUSED	CORIFACT	27.9%	ONCOLOGY - ORAL	TALZENNA	12.5%
HEMOPHILIA - INFUSED	ELOCTATE	27.9%	ONCOLOGY - ORAL	TARCEVA	14.3%
HEMOPHILIA - INFUSED	FEIBA	31.1%	ONCOLOGY - ORAL	TARGRETIN	14.0%
HEMOPHILIA - INFUSED	HELIXATE FS	40.2%	ONCOLOGY - ORAL	TASIGNA	13.5%
HEMOPHILIA - INFUSED	HEMOFIL M	44.4%	ONCOLOGY - ORAL	TEMODAR	14.8%
HEMOPHILIA - INFUSED	HUMATE-P	37.1%	ONCOLOGY - ORAL	TEMOZOLOMID E	51.6%
HEMOPHILIA - INFUSED	IDELVION	13.5%	ONCOLOGY - ORAL	THALOMID	14.8%
HEMOPHILIA - INFUSED	IXINITY	13.5%	ONCOLOGY - ORAL	TIBSOVO	13.5%
HEMOPHILIA - INFUSED	JIVI	22.8%	ONCOLOGY - ORAL	TRETINOIN	44.2%
HEMOPHILIA - INFUSED	KOATE	42.3%	ONCOLOGY - ORAL	TYKERB	14.8%
HEMOPHILIA - INFUSED	KOATE-DVI	42.3%	ONCOLOGY - ORAL	VENCLEXTA	12.5%
HEMOPHILIA - INFUSED	KOGENATE FS	44.3%	ONCOLOGY - ORAL	VERZENIO	13.0%
HEMOPHILIA - INFUSED	KOVALTRY	35.1%	ONCOLOGY - ORAL	VITRAKVI	14.5%

HEMOPHILIA - INFUSED	MONOCLATE-P	33.7%	ONCOLOGY - ORAL	VIZIMPRO	12.5%
HEMOPHILIA - INFUSED	MONONINE	31.4%	ONCOLOGY - ORAL	VOTRIENT	13.5%
HEMOPHILIA - INFUSED	NOVOEIGHT	41.8%	ONCOLOGY - ORAL	XALKORI	11.9%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	33.7%	ONCOLOGY - ORAL	XELODA	15.4%
HEMOPHILIA - INFUSED	NUWIQ	36.1%	ONCOLOGY - ORAL	XOSPATA	14.5%
HEMOPHILIA - INFUSED	PROFILNINE	30.0%	ONCOLOGY - ORAL	XTANDI	13.5%
HEMOPHILIA - INFUSED	REBINYN	17.6%	ONCOLOGY - ORAL	YONSA	13.5%
HEMOPHILIA - INFUSED	RECOMBINATE	40.2%	ONCOLOGY - ORAL	ZEJULA	13.5%
HEMOPHILIA - INFUSED	RIXUBIS	13.7%	ONCOLOGY - ORAL	ZELBORAF	13.0%
HEMOPHILIA - INFUSED	TRETTEN	12.5%	ONCOLOGY - ORAL	ZOLINZA	14.8%
HEMOPHILIA - INFUSED	VONVENDI	11.9%	ONCOLOGY - ORAL	ZYDELIG	13.5%
HEMOPHILIA - INFUSED	WILATE	36.1%	ONCOLOGY - ORAL	ZYKADIA	13.0%
HEMOPHILIA - INFUSED	XYNTHA	38.4%	ONCOLOGY - ORAL	ZYTIGA	13.5%
HEMOPHILIA - INJECTABLE	HEMLIBRA	12.5%	ONCOLOGY - TOPICAL	TARGRETIN	14.0%
HEPATITIS B	ADEFOVIR DIPVOXIL	33.1%	ONCOLOGY - TOPICAL	VALCHLOR	7.8%
HEPATITIS B	BARACLUDE	13.5%	OPHTHALMIC	OXERVATE	12.5%
HEPATITIS B	ENTECAVIR	56.7%	OSTEOPOROSIS	FORTEO	13.5%
HEPATITIS B	EPIVIR HBV	33.1%	OSTEOPOROSIS	TYMLOS	13.3%
HEPATITIS B	HEPSERA	13.5%	PARKINSONS DISEASE	APOKYN	11.5%
HEPATITIS B	LAMIVUDINE HBV	33.1%	PULMONARY DISEASE	ESBRIET	13.5%
HEPATITIS B	VEMLIDY	13.3%	PULMONARY DISEASE	OFEV	12.5%
HEPATITIS C	DAKLINZA	13.5%	PULMONARY HYPERTENSION	ADCIRCA	13.5%
HEPATITIS C	EPCLUSA	13.5%	PULMONARY HYPERTENSION	ADEMPAS	13.5%
HEPATITIS C	HARVONI	15.0%	PULMONARY HYPERTENSION	LETAIRIS	12.7%
HEPATITIS C	LEDIPASVIR/SO FOSBUVIR	13.5%	PULMONARY HYPERTENSION	OPSUMIT	12.7%
HEPATITIS C	MAVYRET	14.0%	PULMONARY HYPERTENSION	ORENITRAM	13.5%
HEPATITIS C	OLYSIO	14.3%	PULMONARY HYPERTENSION	REVATIO	13.3%
HEPATITIS C	PEGASYS	16.4%	PULMONARY HYPERTENSION	TADALAFIL	13.5%
HEPATITIS C	PEGINTRON	17.5%	PULMONARY HYPERTENSION	TRACLEER	13.5%
HEPATITIS C	SOFOSBUVIR/VE LPATASVIR	13.5%	PULMONARY HYPERTENSION	TYVASO	13.0%
HEPATITIS C	SOVALDI	14.0%	PULMONARY HYPERTENSION	UPTRAVI	14.5%
HEPATITIS C	TECHNIVIE	13.5%	PULMONARY HYPERTENSION	VENTAVIS*	13.0%
HEPATITIS C	VIEKIRA PAK	13.5%	TRANSPLANT	ASTAGRAF XL	12.5%
HEPATITIS C	VIEKIRA XR	13.5%	TRANSPLANT	CELLCEPT	13.4%
HEPATITIS C	VOSEVI	14.0%	TRANSPLANT	CYCLOSPORINE	51.8%
HEPATITIS C	ZEPATIER	13.9%	TRANSPLANT	CYCLOSPORINE	51.8%

				MODIFIED	
IMMUNE MODULATOR	ACTIMMUNE	14.3%	TRANSPLANT	ENVARUSUS XR	13.5%
IMMUNE MODULATOR	ARCALYST	15.0%	TRANSPLANT	GENGRAF	64.0%
INFERTILITY	BRAVELLE	13.2%	TRANSPLANT	MYCOPHENOLATE MOFETIL	93.4%
INFERTILITY	CETROTIDE	14.3%	TRANSPLANT	MYCOPHENOLIC ACID	33.1%
INFERTILITY	CHORIONIC GONADOTROPIN	22.8%	TRANSPLANT	MYCOPHENOLIC ACID DR	33.1%
INFERTILITY	FOLLISTIM AQ	13.2%	TRANSPLANT	MYFORTIC	14.3%
INFERTILITY	GANIRELIX ACETATE	10.0%	TRANSPLANT	NEORAL	23.9%
INFERTILITY	GONAL-F	22.9%	TRANSPLANT	PROGRAF	14.1%
INFERTILITY	GONAL-F RFF	22.8%	TRANSPLANT	RAPAMUNE	14.3%
INFERTILITY	MENOPUR	10.0%	TRANSPLANT	SANDIMMUNE	27.1%
INFERTILITY	NOVAREL	15.0%	TRANSPLANT	SIROLIMUS	33.1%
INFERTILITY	OVIDREL	14.3%	TRANSPLANT	TACROLIMUS	79.1%
INFERTILITY	PREGNYL	14.5%	TRANSPLANT	ZORTRESS	13.5%

\*Includes  
Nebulizer