

**FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 5**

**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, 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.

Williamson County

By \_\_\_\_\_  
Authorized Signature

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

United HealthCare Services, Inc.

By Holly Durinick  
Authorized Signature

Print Name Holly Durinick

Print Title Regional Contract Manager

Date 11/30/2021

**Renewal 4Q 2020**

**The Administrative Services Agreement is amended on the Effective Date 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, 2022, the definition of Proprietary Business Information in Section 1 – Definitions is replaced in its entirety with the following definition:**

**Confidential Information:** Information disclosed or made available by a Party in connection with this Agreement, including without limitation the following, regardless of form or the manner in which it is furnished: (a) pricing, discounts, reimbursement terms, payment methodologies and payment processes, compensation arrangements and any similar commercial information and (b) data, information, statistics, trade secrets and any information about business, costs, operations, techniques, know-how or intellectual property. Any material that is derived from or developed from Confidential Information will be deemed Confidential Information for purposes of this Agreement, regardless of the person creating, disclosing or making available such material. Any Confidential Information included in preparations, proposals, scope documents, discussions, findings, summaries, reports and conclusions remain Confidential Information.

Confidential Information does not include: (a) information that is or becomes generally available to the public other than as a result of a disclosure by a receiving Party in violation of this Agreement or other agreement between the Customer and United, (b) information either obtained from a third party or already in a receiving Party's possession before receipt from the other Party, if the receiving Party can demonstrate such information was lawfully obtained and not subject to another obligation of confidentiality, and (c) information independently developed without reference to Confidential Information, if the receiving Party can demonstrate such independence through contemporaneous written records.

**Effective January 1, 2022, Sections 4.2 Proprietary Business Information and 4.3 Access to Information are replaced entirely with the following:**

**Section 4.2 Use of Confidential Information.** Neither Party may disclose the other's Confidential Information to any person or entity other than to the receiving Party's employees and Business Associates needing access to such information to administer the Plan, to perform under this Agreement, or as otherwise permitted under this Agreement.

Notwithstanding the foregoing, (i) United may disclose Customer Confidential Information to its affiliates and subcontractors as needed for those entities to provide services under this Agreement, (ii) Customer will not be prohibited from providing provider-specific cost or quality of care information or data, through a consumer engagement tool or any other means, to referring providers, the Plan Sponsor, Participants, or individuals eligible to become Participants of the Plan, to the extent required by Law, (iii) Customer may only use United's Confidential Information for Plan administration purposes and (iv) before United's Confidential Information can be disclosed, United may require a mutually agreed upon confidentiality agreement consistent with Law.

Neither party may sell, license or grant any other rights to the other Party's Confidential Information.

If a Party is requested or required to disclose Confidential Information by subpoena, legal process or applicable law, including public records acts, such Party shall (to the extent permitted by law), provide the other Party with immediate written notice of that request or requirement. Such Party shall reasonably cooperate in any efforts by the other Party to seek an appropriate protective order or other remedy or otherwise challenge or narrow the scope of that disclosure request or requirement. If a protective order or other remedy is not obtained, such Party shall furnish only that portion of the Confidential Information that is legally required.

If Customer requests that United provide information about the Plan that is in United's possession after the Agreement terminates and any applicable run out period has expired, then United may, in its discretion, provide such information subject to a fee.

**EXHIBIT B - FEES**

**Contract Number 911463**  
**The following financial terms are effective for the period January 1, 2022 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.

The fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act, or the Transparency in Coverage Rule. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.

**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).

The Standard Medical Fees are based upon an estimated minimum of 1,564 enrolled Employees.

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

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

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

Average Contract Size: 2.18

**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.

**Payment Integrity Services**

Service Description	Fee
<b>Advanced Analytics and Recovery</b> <ul style="list-style-type: none"> <li>• United’s large-scale analytics to identify additional recovery opportunities.</li> <li>• Claims re-examined every month for up to 12 months.</li> <li>• Post-adjudicated claims.</li> </ul>	Fee not to exceed 24% of the gross recovery amount
<b>Credit Balance Recovery</b> <ul style="list-style-type: none"> <li>• Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology.</li> <li>• On-site at hospitals and facilities.</li> <li>• Post-adjudicated claims.</li> </ul>	Fee not to exceed 10% of the gross recovery amount.
<b>Focused Claim Review</b> <ul style="list-style-type: none"> <li>• Review of claims for inappropriate billing of services not documented in clinical notes.</li> <li>• Board certified, same-specialty medical directors.</li> </ul>	Fee not to exceed 22% of the gross recovery amount.

Pre-adjudicated claims or post-adjudicated claims.	
<b>Fraud, Waste, and Abuse Management</b> <ul style="list-style-type: none"> <li>Detection and recovery of wasteful, abusive, and/or fraudulent claims.</li> <li>Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review.</li> <li>Pre-adjudicated claims or post-adjudicated claims.</li> </ul>	Fee not to exceed 22% of the gross recovery or prevented amount
<b>Hospital Bill and Premium Audit Services</b> <ul style="list-style-type: none"> <li>In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy.</li> <li>Post-adjudicated claims.</li> </ul>	Fee not to exceed 22% of the gross recovery amount
<b>Litigation and Arbitration Fees for Recoveries</b> <ul style="list-style-type: none"> <li>Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities.</li> <li>Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process.</li> <li>Pre-adjudicated claims or post-adjudication claims.</li> </ul>	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).
<b>Third Party Liability (Subrogation and Injury Coverage Coordination)</b> <ul style="list-style-type: none"> <li>Services to prevent the payment of Plan Benefits, or recover Plan Benefits, which should be paid by a third party.</li> <li>Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments.</li> <li>Pre-adjudicated claims or post-adjudicated. claims.</li> <li>Customer will not engage any entity except United to provide such services without prior United approval.</li> </ul>	Fee not to exceed 33.33% of the applicable savings amount.

**Other Fees**

Service Description	Fee
Naviguard	Customer will pay a fee equal to \$2.50 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.
Pharmacy Benefit Rebates - Termination	Pursuant to the termination section of the 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.
<b>Consolidated Appropriations Act, 2021 ("CAA") Support Services.</b> 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: <ul style="list-style-type: none"> <li>NSA medical billing and the independent dispute resolution ("IDR"): <ul style="list-style-type: none"> <li>United will determine if a claim is subject to the NSA billing protections.</li> </ul> </li> </ul>	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 \$50 government agency administration assessment and fees charged by the IDR arbitrator.

<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ United will not be using third party provider networks for services covered by the NSA.</li> <li>○ 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.</li> <li>○ Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account.</li> <li>○ Customer shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account.</li> <li>● Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently).</li> <li>● Provider directory enhancements.</li> <li>● Continuity of care and external appeals support for surprise medical bills.</li> <li>● Support related to Mental Health Parity Non-Quantified Treatment Limitations audits initiated by the U.S. Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury.</li> <li>● Provide language to support Customer's anti-gag clause attestation requirement.</li> </ul>	
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**Wellness Allowance**

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The wellness allowance may be used at Customer's discretion as Customer utilizes wellness programming and services from United. If Customer terminates the Agreement prior to December 31, 2022, Customer will pay United a prorated portion of this credit.

\$40,000 Wellness allowance

**Other**

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.

<b>Flexible Spending Account Administration</b> <b>Contract No.: 911765</b> <b>The following financial terms are effective for the period January 1, 2022 through December 31, 2022</b>	
<b>Service Description</b>	<b>Fee</b>
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
Health Care Spending Card	Included in the total FSA cost
Nondiscrimination testing	\$500 per occurrence

**COBRA Administration**

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 Continuants (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
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Post-COBRA HIPAA Certificates of Coverage on <b>outside</b> 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, 2022 through December 31, 2022 (“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%
	Time to process, in business days or less after receipt of claim	business days 10
Criteria Level	Standard claim operations reports	
Period	Site Level	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$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 Level	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.	
Period	Office 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	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50%	

	95.49% - 95.00%		
	Below 95.00%		
<b>Dollar Accuracy (DAR)</b>			
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%		
<b>Member Phone Service</b>			
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.			
<b>Average Speed of Answer</b>			
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		
<b>Abandonment Rate</b>			
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%		
<b>Call Quality Score</b>			
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%	
<b>Satisfaction</b>		
<b>Employee (Member) Satisfaction</b>		
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	
<b>Customer Satisfaction</b>		
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	

<b>Pharmacy Financials</b>			
Definition	Contracted pharmacy rates that will be delivered to You.		
Measurement and Criteria	<b>01/01/2022</b>		
	<b>Combined Discount Guarantee - Broad Network</b>		
-	Retail Brand, Average Wholesale Price (AWP) less		21.5%
	Retail Brand -- 90 Day Supply, AWP less		24.0%
	Retail Generic - 30 and 90 Day Supply, AWP less		83.0%
	Mail Order Brand, AWP less		25.0%
	Mail Order Generic, AWP less		86.0%
	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.		
	<b>Dispensing Fees - Broad Network</b>		
-	Retail Brand - 30 Day		\$0.55
	Retail Brand -- 90 Day Supply		\$0.15

	Retail Generic - 30 Day	\$0.55		
	Retail Generic -- 90 Day Supply	\$0.15		
	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%		
-	Basis, per script	Brand		
-	Retail - 30 and 90 Day	\$284.81		
-	Mail Order	\$479.48		
-	Specialty	Included In Retail	Included In Retail	Included In Retail
	<b>Fees</b>			
	Variable Copay program (monthly, per eligible member)	\$0.45		
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 &amp; Dispense Fee 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 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.</li> <li>• The Arrangement excludes vaccines.</li> <li>• The Arrangement includes usual &amp; customary claims, 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>• The Mail Order guarantee includes drugs dispensed for 46 days or greater.</li> <li>• 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.</li> <li>• Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None.</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>			

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

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

- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
- in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- if Customer changes or does not elect an incented plan design
- United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to 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.
- Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.
- Vaccines are excluded from the claim counts.

#### **General Conditions**

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2022 through 12/31/2022 ("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.
- On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 1,564 Employees and 3,411 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor 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.

<b>Specialty Pharmacy</b>	
<b>Specialty Pharmacy Discount Guarantee</b>	
<b>Definition</b>	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.
<b>Measurement</b>	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%.
<b>Criteria</b>	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.  The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.
<b>Level</b>	Customer Specific
<b>Period</b>	Annual
<b>Payment Period</b>	Annual
<b>Payment Amount</b>	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
<b>Conditions</b>	<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>• 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).</li> <li>• 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.</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> </ul>

• 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%
CARDIOVASCULAR	NORTHERA	14.0%	INFLAMMATORY CONDITIONS	XELJANZ	14.1%
CARDIOVASCULAR	VYNDAMAX	15.2%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.1%
CARDIOVASCULAR	VYNDALIQ	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	BENLYSTA	13.5%
CNS AGENTS	RILUTEK	13.5%	MISCELLANEOUS	SPRAVATO	13.5%
CNS AGENTS	RILUZOLE	92.6%	MOOD DISORDER DRUGS	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%
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	HYCANTIN	14.8%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	IBRANCE	13.0%
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%
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	TRETEN	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 DIPVOXIL	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%
HEPATITIS C	HARVONI	15.0%	ONCOLOGY - ORAL	ZELBORAF	13.0%
HEPATITIS C	LEDIPASVIR/SOF OSBUVIR	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/VEL PATASVIR	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