

FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 8

This Amendment (“Amendment”) is made to the Administrative Services Agreement (“Agreement”) by and between United HealthCare Services, Inc. (“United”) and Williamson County (“Customer”), and is effective on January 1, 2025 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.

Sara Minnis

By [Sara Minnis \(12/04/2024 12:35 EST\)](#)

Authorized Signature

Print Name Sara Minnis

Print Title Associate Contract Manager

Date 12/04/2024

Renewal 4Q2023v3
Agreement No. 00032072.8

The Administrative Services Agreement is amended on January 1, 2024 as noted below.

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein.

The definition of Customer Specific Provider has been added to Section 1 – Definitions as follows:

Customer Specific Provider: Customer contracted provider who has entered into or is governed by contractual arrangements with Customer, either directly or through another entity, under which the provider agrees to provide health care services to Participants and accept negotiated fees for these services.

The language below has been added to Section A1 Network– Network Access, Management and Administration as follows:

Customer Specific Provider. Plan benefits for health care services rendered by a Customer Specific Provider will be equal to the amounts the Customer Specific Provider agreed to accept in the contractual arrangements governing their participation in the Customer Specific Provider. Customer will provide United with their Customer Specific Provider rate schedule, and Customer will notify United 90 days in advance of any rate change to the Customer's contractual arrangements. United shall apply Customer's contracted rates until United receives written instructions from Customer to cease administering the Customer Specific Provider. Customer is responsible for the resolution of any dispute to the contractual arrangements of the Customer Specific Providers. Customer hereby acknowledges that notwithstanding anything in this Agreement to the contrary, (i) United will have limited information about the claims submitted by the Customer Specific Provider, (ii) United's sole role with respect to claims submitted by the Customer Specific Provider will be to process the claims on behalf of the Customer, (iii) United does not make any performance guarantees for processing claims submitted by the Customer Specific Provider and (iv) United will not perform any other services related to claims submitted by the Customer Specific Provider, including but not limited to provider credentialing analysis, network adequacy analysis, mental health parity analysis, provider directories, payment integrity programs, utilization management and price transparency reporting.

Exhibit B – Fees

These are the Fees Customer agrees to pay to United in exchange for the Services.

Medical Fees

The following financial terms are effective for the period January 1, 2025 through December 31, 2027, unless otherwise specified.

Final Claims Fiduciary: United

ASO Fees (PEPM)	Current	Year 1	Year 2	Year 3
Plan Year	01/01/2024 through 12/31/2024	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
POS	\$51.79	\$51.79	\$53.34	\$53.34
EPO	\$51.79	\$51.79	\$53.34	\$53.34
Credits				
Administrative Credit (General Purpose)	\$88,182	\$90,000	TBD	TBD
Wellness Credit	\$100,000	\$112,500	\$112,500	\$112,500

The following services may require an additional cost as noted below:

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current	Year 1	Year 2	Year 3
	1/1/2024 through 12/31/2024	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
Medical Management Programs				
Core Medical Necessity	Included	Included	Included	Included
Physical Health Solutions:				
Chiropractic Network	Included	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included	Included
Other Programs/Services:				
TX Custom PHS 3.0	Included	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included	Included
Claim Fiduciary	Included	Included	Included	Included
Convenience Care Clinics CSP	Included	Included	Included	Included
Data Extracts	Included	Included	Included	Included
COBRA	Included	Included	Included	Included
Expanded eCR Reporting	Included	Included	Included	Included
Other Programs/Services (Fees collected through Bank Account):				
Kaia Health	\$200 per active user for 1-3 months;	\$615 Per Participant Per Year	TBD	TBD

	\$20 per user ongoing			
Neonatal Resource Services	N/A	\$1,700 Per Engagement	TBD	TBD
Quit4Life	N/A	\$455.61 Per Case	TBD	TBD
Second Opinion Services	\$2,136 Per Case	\$2,136 Per Case	TBD	TBD
Specialist Management Solutions	\$1,500 Per Case	\$1,500 Per Case	TBD	TBD
Virtual Behavioral Coaching	N/A	\$72 Per Session	TBD	TBD
Virtual Behavioral Coaching Weekly Call	N/A	\$55 Per Session	TBD	TBD
UHC Hub Vendors:				
Fees for the following will be collected through the Bank Account				
Teladoc Chronic Care Mgmt Plus	N/A	\$69 PEMPM	TBD	TBD

The following are not included in the above ASO Fees:

Additional Services	Fee
Naviguard*	\$2.75 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation
Payment Integrity (Fees collected through Bank Account):	
Enhanced Abuse and Fraud Management Program	22% of recoveries
Advanced Analytics and Recovery Services (AARS)	24% of recoveries
Credit Balance Recovery Program	not to exceed 10% of recoveries
Hospital Bill Audit Program	not to exceed 22% of savings
Subrogation Services	33.3% of recoveries
Injury Coordination Coverage	33.3% of recoveries
Focused Claim Review	22% of savings

*Naviguard pricing will increase annually by \$0.25 pepm.

The following are included in the ASO Fees (applies to Active and Pre-65 Retiree population only):

- UnitedHealthcare Pharmacy. If the pharmacy is carved out to another vendor, the ASO fees and Credits are subject to change.
- eServices Reporting - (interactive fully Web-based reporting)
- Federal External Review Program (third level appeals) - our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
- Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.
- Customer Service, our quoted customer service model offers members a high-touch, personal guide who provides support in navigating benefits, understanding payment options, resolving claim issues and working through the health care system. In addition to acting as a one-stop shop where members can be directed to the most appropriate existing services, representatives can provide additional information relevant to personal needs and take ownership of inquires end-to-end. For those not resolved during the initial call, customer service representatives take ownership until resolution including call back to the member.
- Employer Internet Solution – www.employereservices.com

- Our quote includes the management of over 100 disease states/conditions, as part of our Personal Health Support (PHS) program. We believe this approach will adequately address the clinical conditions present within the population - though we are open to discussing and proposing alternative programs, should clinical prevalence indicate an appropriate ROI.
- Consumer Activation, including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging
- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

Pricing Assumptions

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative 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. 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.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 1740
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.09.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
 - As otherwise permitted in our Administrative Services Agreement
- Our mature quotation includes the processing of runout claims for 6 months following the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.

- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for WILLIAMSON COUNTY and our other ASO customers result in significant reductions to the rebate level.
- WILLIAMSON COUNTY will receive 80.0% of rebates on prescription drug products dispensed under the medical benefit plan.
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- United will provide a Wellness Credit, Administrative Credit (General Purpose) to help WILLIAMSON COUNTY mitigate costs associated with additional wellness services from United, administration of the plan

These credits are available as follows:

- The parties must have an executed Agreement.
- The first month of service fees under the Agreement has been received by United.
- WILLIAMSON COUNTY's enrollment with United must always exceed 1323 Employees.
- Credits must be used between 01/01/2025 and 01/01/2026. Any Credits not used during this time period are forfeit.
- Upon request from WILLIAMSON COUNTY, a credit will be issued in United's fee billing system.
- Upon presentation of receipts for costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, total amount not to exceed the full credit.
- If WILLIAMSON COUNTY terminates the Agreement prior to 12/31/2027, WILLIAMSON COUNTY will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
- If enrollment with United falls below the enrollment threshold, WILLIAMSON COUNTY will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
- The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
- If during the course of the first year unforeseen or additional expense items arise related to the WILLIAMSON COUNTY implementation, UHC reserves the right to use a portion of this credit to offset such expenses.
- WILLIAMSON COUNTY acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United, and United disclaims any performance or financial return guarantees made by those third-party vendors. WILLIAMSON COUNTY agrees that United is not responsible or liable in any way for such performance or financial return guarantees.

A third-party vendor's participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service.

Customer acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United. Customer agrees that United is not responsible or liable in any way for such performance or financial return guarantees. Certain UHC Hub products are subject to state sales Tax. United will invoice and Customer agrees to pay United for any required Taxes. A third-party vendor's participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service. Fees for UHC Hub products and services will be paid through a withdrawal from the Bank Account.

Service Description	
Advanced Analytics and Recovery	
• United's large-scale analytics to identify additional recovery opportunities.	

Service Description
• Claims re-examined every month for up to 12 months. • Post-adjudicated claims.
Coordination of Benefits (“COB”) • Verify primary/secondary payer accuracy. • Identify claims to be investigated using a layered approach to identify other primary payers: 1. Eligibility match to other commercial payers. 2. Eligibility match to Medicare. • Correct pre-adjudicated claims prior to claim payment. • Update claims systems with other primary/secondary payers’ information. • COB indicators set to edit subsequent claims with primary/secondary payers’ information.
Credit Balance Recovery • Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology. • On-site at hospitals and facilities. • Post-adjudicated claims.
Focused Claim Review • Review of claims for inappropriate billing of services not documented in clinical notes. • Board certified, same-specialty medical directors. • Pre-adjudicated claims or post-adjudicated claims.
Fraud, Waste, and Abuse Management • Detection and recovery of wasteful, abusive, and/or fraudulent claims. • Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review. • Evaluate claims to identify inappropriate levels of care, coding, and/or resource utilization. • Management can include pre-adjudicated claims or post-adjudicated claims.
Hospital Bill and Premium Audit • In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. • Post-adjudicated claims.
Third-Party Liability – Subrogation and Injury Coverage Coordination • Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party. • Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments. • Pre-adjudicated claims or post-adjudicated claims. • Customer will not engage any entity except United to provide such services without prior United approval.
Litigation and Arbitration Fees for Recoveries • Litigation or arbitration to recover Overpayments and other Plan recovery opportunities. • Outside attorneys’ fees and costs directly incurred with litigation or arbitration. • Pre-adjudicated claims or post-adjudicated claims.
Naviguard Program • Offers reimbursement methodologies for emergent and non-emergent out of network claims which calculates allowed amounts based on what a healthcare provider generally accepts for the same or similar service. • Includes an advocacy component where Participants can access resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies. • For claims above a threshold established by United, the advocacy component includes United negotiating with a provider on behalf of a Participant with respect to Participant’s balance billed amount (e.g., non-emergent, choice claim). • If the provider objects to what it was paid from the application of the allowed amount, or member contacts United for support with resolving a balance bill, United will increase compensation for a particular claim if: (a) United reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the allowed amount, and (b) United believes that it would serve the best interests of the Plan and its Participants (including interests in avoiding costs and expenses of disputes over payment of claims). • Fees are based on the Savings Obtained, which is the amount billed by a health care provider minus the final amount paid to the health care provider pursuant to the out-of-network program selected by the Plan which includes amounts payable by the Participant.
The interest rate on unpaid Fees and underfunding the Bank Account is the Prime rate plus 4%.
For clinical support, if applicable, Customer will pay a Fee for United’s services, equal to 2.5% of chiropractic allowed expenses, whether in or out of network.

Second Opinion Services. Participants will have access to personalized consultations by video or phone from medical experts. A designated care team coordinator guides Participants through the entire process, including follow up. The information provided through this service does not constitute medical advice and does not diagnose, treat, or prescribe treatment of medical conditions.

Specialist Management Solution (SMS)

Concierge services and surgical care navigation, guiding Participants to providers who perform outpatient surgical specialties/procedures. Services include the following:

- Advocate, a single point of contact through the entire continuum of care.
- Participant activation and outreach campaign support.
- Customer data and reporting.
- Gross Savings means the established episode market average for hospital outpatient department cost per case (based on historic claims data) compared to the actual cost for Participants who had the same procedure in an ambulatory surgical center.

Disclosure: A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount, or at the election of the provider a per transaction fee of up to \$10) by a United affiliate. This has no impact on the Fees paid by Customer under this Agreement.

Dental Fees

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

ASO Fee PEPM	\$3.12
Broker Commissions	\$0.00
Total ASO Fee PEPM	\$3.12
Rate Guarantee	12 months
Expiration Date	12/31/2025

Dental Assumptions

Rates listed above assume the plan design quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

Please contact your sales representative for more details on the network quoted in your proposal.

Run-In Claims are not Paid.

Fees include 12 months of run out claims. Additional months are available at an additional cost.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximum are combined.

*Please contact your sales representative to confirm specific plan. Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 2.16.

Quote is based on total group of 1656 Employees and 3572 Members.

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

This quote assumes UnitedHealthcare will retain claim fiduciary responsibility.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

FSA Fees

	1/1/2025	1/1/2026	1/1/2027
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FSA, Dependent Care Spending Account Fees	through 12/31/2025	through 12/31/2026	through 12/31/2027
FSA Fee - PEPM	\$3.00	\$3.00	\$3.00

- FSA fees above apply to employees enrolled in the health care spending or dependent care spending accounts, or both.
- A minimum monthly billing of \$100 applies

FSA Nondiscrimination testing (NDT)	\$500
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Nondiscrimination Test Package

- This optional service provides the results of three tests Non-Discrimination Tests (25% Key Concentration Test [overall Section 125 Plan], 55% Average Benefits Test and 25% Owner's Concentration Test) which are a subset of the testing that may be required by the IRS. WILLIAMSON COUNTY provides the data to us, we perform the mathematical calculations and provide a report that indicates pass/fail by test. We are not providing consulting or legal advice.

Standard FSA services including:

- Initial supply of standard employee brochures.
- Single claim submission with automatic roll-over from established feeds (i.e., Spectera® Vision, UnitedHealthcare Dental and OptumRx).
- Check minimum \$25.
- Daily payment cycle.
- Customer care representation during normal business hours.
- Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with up to two files or tape cartridges per month.
- Standard FSA banking arrangements using separate bank account for FSA plan.
- Direct deposit of payments to employee bank accounts with online direct deposit administration at myuhc.com®.
- Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans.
- Assumes WILLIAMSON COUNTY will retain claim fiduciary responsibility for the UnitedHealthcare administered FSA plan.

Standard FSA reports including:

- Member Detail Reports, providing detailed account status for each participant.
- Executive Summary Reports, providing summarized data from the Member Detail Report as well as monthly activity information.
- Utilization Reports, providing general statistical information on the types of expenses being submitted.

Our Flexible Spending Account (FSA) quote is subject to the terms and conditions outlined in the Financial Commentary.

COBRA Fees

Fee Schedule	\$0.55 Per Employee per month
Group Setup Fee (one-time fee at Implementation)	Included

COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator)	Included
On-going Maintenance Fee	N/A
Ongoing COBRA Continuant Per Month Charge	Included
COBRA Services	
Qualifying Event Notification (QEN) includes distribution of QENs and election forms via proof of mail with instructions, and processing of enrollment forms returned (per notice)	Included
COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification	Included
State Continuation Notification (per notice)	Included
Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month)	Included
Open Enrollment Services	
Open Enrollment Service (per person): Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client	\$8.00 Plus Postage *There is a \$100 minimum for Open Enrollment Services
Optional Services	
Medicare-D Notifications	\$0.95/Notification
Retro/HIPAA Initial Rights Notices (Per Notice)	\$3.00/Notification
Customized Services (Letters, Correspondence)	Varies, plus postage
Direct Bill/Retiree Services - Per continuant, per month	\$4.50
COBRA 2% Administration Fee	
UnitedHealthcare will retain the 2% administration fee that is routinely charged to enrolled COBRA participants	

Exhibit C – Guarantees

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

The Fees payable by Customer under this Agreement will be adjusted through a credit to Customer's Fees in accordance with the guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees are effective for the period beginning January 1, 2025 through December 31, 2025 ("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 on the condition that this Agreement remains in force, United may specify to Customer in writing new guarantees for the subsequent Guarantee Period. If United specifies new 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 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 measurements. Also, services provided under capitated arrangements are not processed as a typical claim, therefore capitated payments are not included in the 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	Standard claim operations reports		
Level	Site Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	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		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%

Gradients	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50% 95.49% - 95.00% Below 95.00%		
Dollar Accuracy (DAR)			
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.		
Measurement	Percentage of claims dollars processed accurately		99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	98.99% - 98.50% 98.49% - 98.00% 97.99% - 97.50% 97.49% - 97.00 Below 97.00%		
Member Phone Service			
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer's Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer's pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.			
Average Speed of Answer			
Definition	Calls will sequence through United's phone system and be answered by customer service within the parameters set forth.		
Measurement	Percentage of calls answered		100%
	Time answered in seconds, on average	seconds	30
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds		
Abandonment Rate			
Definition	The average call abandonment rate will be no greater than the percentage set forth		
Measurement	Percentage of total incoming calls to customer service abandoned, on average		1.80%
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$23,143
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	1.81% - 2.30% 2.31% - 2.80% 2.81% - 3.30% 3.31% - 3.80% Greater than 3.80%		
Call Quality Score			
Definition	Maintain a call quality score of not less than the percent set forth		
Measurement	Call quality score to meet or exceed		93%

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

In the event any of the terms herein are inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent terms will be null and void and United will have the right to revise, reprice or revoke this arrangement.

Pharmacy Financials			
Definition	Pharmacy rate guarantees.		
Measurement and Criteria	01/01/2024 01/01/2025		
	Component Discount Guarantee - Broad Network		
	Retail Brand, Average Wholesale Price (AWP) less	21.90%	21.90%
	Retail Brand -- 90 Day Supply, AWP less	24.90%	24.90%
	Retail Generic - 30 and 90 Day Supply, AWP less	84.00%	84.00%
	Mail Order Brand, AWP less	25.50%	25.50%
	Mail Order Generic, AWP less	87.00%	87.00%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.		
	Dispensing Fees - Broad Network		
	Retail Brand - 30 Day	\$0.50	\$0.50
	Retail Brand -- 90 Day Supply	\$0.10	\$0.10
	Retail Generic - 30 Day	\$0.50	\$0.50
	Retail Generic -- 90 Day Supply	\$0.10	\$0.10
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		
	Minimum Rebate Guarantee (Advantage PDL)		
	Rebate Sharing Percentage	100.0%	100.0%
	Basis, per script	Brand	Brand
	Retail - 30 and 90 Day	\$411.52	\$463.16
	Mail Order	\$665.06	\$701.55
	Specialty	Included In Retail	Included In Retail
	Fees		
	Variable Copay program (monthly, per eligible member)	\$0.45	\$0.45
Level	Customer Specific		
Period	Annually		
Payment Period	Annually		
Payment Amount -- Discounts	The amount the actual discounts are less than the guaranteed discount amount for each individual component.		
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.		
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.		
Conditions	Discount & Dispense Fee Specific Conditions • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.		

- The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims.
- The Arrangement excludes usual & customary claims, vaccines, long term care facility claims, over-the-counter claims.
- The Arrangement includes veterans' affairs facility claims.
- The retail and mail order generic discounts exclude any generic drug that has two or fewer generic manufacturers; the retail and mail order brand discounts include any generic drug that has two or fewer generic manufacturers.
- The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.
- The Mail Order guarantee includes drugs dispensed for 46 days or greater.
- Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees.

Rebate Specific Conditions

- Assumes implementation of United's Advantage PDL
- Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
- Calculation of the guaranteed rebate amount will exclude ineligible claims including:
 - claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims)
 - claims approved by formulary exception
 - claims not covered by Customer's benefit design or PDL
 - claims receiving 340B pricing
 - long term care pharmacy claims
 - federal government pharmacy claims
 - claims for non-FDA approved products
 - compound drug claims
 - direct member reimbursement claims
- Devices are excluded from the claim counts; Insulins and Test Strips are not excluded.
- Vaccines are excluded from the claim counts.
- Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the introduction of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
- The Rebate guarantees set forth herein do not incorporate the impact of the elimination of the Average Manufacturer's Price (AMP) Cap pursuant to the American Rescue Plan Act of 2021. United reserves the right to modify or eliminate any Rebate guarantees once it has been able to determine that impact and the resulting changes to Rebates received from pharmaceutical manufacturers.

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
- 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.
- Manufacturer Administrative Fees are the administrative fees paid by drug manufacturers to United's PBM affiliate as consideration for maintaining systems and processes necessary for managing and administering Rebate programs. Manufacturer Administrative Fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2024 through 12/31/2025 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
 - Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
 - Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees.
 - On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
 - Pricing and guarantees assume enrollment of 1,643 Employees and 3,439 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
 - The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser of the discounted price, the usual and customary charge or the cost share amount.
 - All pricing guarantees require the selection of United's PBM as exclusive provider of pharmacy benefit services, including but not limited to retail, mail order, and specialty networks.
- United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates with an effective date prior to the end of the Pharmacy Pricing Term.
- In the event any of the terms herein is inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent term(s) will be null and void and United will have the right to revise, reprice or revoke this arrangement.
 - 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 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.

Brand / Generic Reconciliation Definition

• **Brand Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, which is manufactured and distributed by an innovator drug company, or its licensee, set forth in Medi-Span's National Drug Data File as a brand drug identified by all of the products meeting at least one of the following criteria:

- Medi-Span Multi-Source Code ("MSC") is equal to M, O, or N.

• **Generic Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, that is therapeutically equivalent to other pharmaceutically equivalent products, as set forth in Medi-Span's National Drug Data File as a generic drug identified by all products meeting at least one of the following criteria:

- Medi-Span Multi-Source Code ("MSC") is equal to Y.

TRRX (08/2023)

Specialty Pharmacy	
Specialty Pharmacy Discount Guarantee	
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below. Specialty drugs not included on the list below and dispensed through United's specialty Pharmacy Network will be guaranteed at a discount of 14.0%.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period. The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the combined actual specialty drug discounts are less than the sum of the individual specialty drug discount targets as computed above.
Conditions	• Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • Specialty drugs dispensed outside United's specialty Pharmacy Network and drugs for which no AWP measure exists are excluded. • Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). • Limited Distribution (LDD) status is subject to change based on manufacturer decision. • Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. • United reserves the right to revise or revoke this guarantee if: a) material changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; • On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	No	15.30%	INFLAMMATORY CONDITIONS	HUMIRA	No	16.90%
ANEMIA	EPOGEN	No	14.10%	INFLAMMATORY CONDITIONS	ILUMYA	No	14.90%
ANEMIA	PROCRIT	No	14.40%	INFLAMMATORY CONDITIONS	KEVZARA	No	10.70%
ANEMIA	RETACRIT	No	14.90%	INFLAMMATORY CONDITIONS	KINERET	Yes	14.30%
ANTICONVULSANT	DIACOMIT	Yes	13.30%	INFLAMMATORY CONDITIONS	OLUMIANT	Yes	13.30%
ANTICONVULSANT	EPIDIOLEX	Yes	13.30%	INFLAMMATORY CONDITIONS	OPZELURA	No	11.80%
ANTICONVULSANT	FINTEPLA	Yes	11.30%	INFLAMMATORY CONDITIONS	ORENCIA	No	15.00%
ANTICONVULSANT	ZTALMY	Yes	11.30%	INFLAMMATORY CONDITIONS	OTEZLA	No	14.80%
ANTIHYPERLIPIDEMIC	JUXTAPID	Yes	14.10%	INFLAMMATORY CONDITIONS	RIDAURA	No	14.90%
ANTI-INFECTIVE	ARIKAYCE	Yes	13.80%	INFLAMMATORY CONDITIONS	RINVOQ	No	14.90%
ANTI-INFECTIVE	DARAPRIM	Yes	13.30%	INFLAMMATORY CONDITIONS	SILIQ	Yes	12.30%
ANTI-INFECTIVE	PYRIMETHAMINE	No	13.30%	INFLAMMATORY CONDITIONS	SIMPONI	No	14.90%
ANTIVIRAL	LIVTENCITY	Yes	13.80%	INFLAMMATORY CONDITIONS	SKYRIZI	No	18.90%
ASTHMA	FASENRA	Yes	13.30%	INFLAMMATORY CONDITIONS	SOTYKTU	No	12.30%
ASTHMA	NUCALA	Yes	13.30%	INFLAMMATORY	STELARA	No	16.90%

				CONDITIO NS			
ASTHMA	XOLAIR	Yes	13.30%	INFLAMM ATORY CONDITIO NS	TALTZ	No	12.30%
CARDIOVA SCULAR	CAMZYOS	Yes	12.30%	INFLAMM ATORY CONDITIO NS	TREMFYA	No	14.90%
CARDIOVA SCULAR	DROXIDOP A	Yes	33.70%	INFLAMM ATORY CONDITIO NS	XELJANZ	No	14.90%
CARDIOVA SCULAR	NORTHER A	Yes	14.80%	INFLAMM ATORY CONDITIO NS	XELJANZ XR	No	14.90%
CARDIOVA SCULAR	VYNDAMA X	Yes	16.10%	IRON OVERLOA D	DEFERASI ROX	Yes	66.70%
CARDIOVA SCULAR	VYNDAQE L	Yes	13.30%	IRON OVERLOA D	DEFERIPR ONE	Yes	33.70%
CNS AGENTS	AUSTEDO	No	14.30%	IRON OVERLOA D	EXJADE	Yes	13.00%
CNS AGENTS	ENSPRYNG	Yes	12.80%	IRON OVERLOA D	FERRIPRO X	Yes	13.30%
CNS AGENTS	EXSERVA N	Yes	14.30%	IRON OVERLOA D	JADENU	No	14.30%
CNS AGENTS	FIRDAPSE	Yes	11.30%	KIDNEY DISEASE	TARPEYO	Yes	12.30%
CNS AGENTS	HETLIOZ	Yes	14.80%	LIVER DISEASE	OCALIVA	Yes	15.90%
CNS AGENTS	INGREZZA	Yes	13.80%	MONOCLO NAL ANTIBODY MISCELLA NEOUS	BENLYSTA	Yes	14.30%
CNS AGENTS	RADICAVA	Yes	13.30%	MOOD DISORDER DRUGS	SPRAVATO	No	14.30%
CNS AGENTS	RELYVRIO	Yes	12.30%	MULTIPLE SCLEROSIS	AMPYRA	Yes	12.60%
CNS AGENTS	RILUTEK	No	14.30%	MULTIPLE SCLEROSIS	AUBAGIO	No	13.30%
CNS AGENTS	RILUZOLE	No	92.70%	MULTIPLE SCLEROSIS	AVONEX	No	14.80%
CNS AGENTS	RUZURGI	Yes	12.30%	MULTIPLE SCLEROSIS	BAFIERTA M	Yes	14.80%
CNS AGENTS	SABRIL	Yes	16.90%	MULTIPLE SCLEROSIS	BETASERO N	No	14.90%
CNS AGENTS	SODIUM OXYBATE	Yes	7.20%	MULTIPLE SCLEROSIS	COPAXON E	No	15.50%
CNS AGENTS	TASIMELT EON	Yes	33.70%	MULTIPLE SCLEROSIS	DALFAMP RIDIN	Yes	92.90%

CNS AGENTS	TETRABEN AZINE	No	49.00%	MULTIPLE SCLEROSIS	DIMETHYL FUMARAT E	Yes	79.60%
CNS AGENTS	TIGLUTIK	Yes	11.30%	MULTIPLE SCLEROSIS	EXTAVIA	No	14.90%
CNS AGENTS	VIGABATR IN	No	18.40%	MULTIPLE SCLEROSIS	FINGOLIM OD	No	69.40%
CNS AGENTS	VIGADRO NE	Yes	17.40%	MULTIPLE SCLEROSIS	GILENYA	No	14.80%
CNS AGENTS	XENAZINE	Yes	16.40%	MULTIPLE SCLEROSIS	GLATIRAM ER	No	79.60%
CNS AGENTS	XYREM	Yes	7.20%	MULTIPLE SCLEROSIS	GLATOPA	No	79.60%
CNS AGENTS	XYWAV	Yes	8.20%	MULTIPLE SCLEROSIS	KESIMPTA	No	14.80%
CYSTIC FIBROSIS	BETHKIS	No	12.30%	MULTIPLE SCLEROSIS	MAVENCL AD	Yes	14.80%
CYSTIC FIBROSIS	BRONCHIT OL	Yes	14.30%	MULTIPLE SCLEROSIS	MAYZENT	No	14.80%
CYSTIC FIBROSIS	CAYSTON	Yes	15.30%	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	14.30%
CYSTIC FIBROSIS	KALYDEC O	Yes	14.30%	MULTIPLE SCLEROSIS	PONVORY	Yes	11.80%
CYSTIC FIBROSIS	KITABIS PAK	No	13.30%	MULTIPLE SCLEROSIS	REBIF	No	14.80%
CYSTIC FIBROSIS	ORKAMBI	Yes	14.30%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	14.80%
CYSTIC FIBROSIS	PULMOZY ME	No	15.90%	MULTIPLE SCLEROSIS	TECFIDER A	Yes	14.80%
CYSTIC FIBROSIS	SYMDEKO	Yes	14.30%	MULTIPLE SCLEROSIS	VUMERITY	Yes	13.30%
CYSTIC FIBROSIS	TOBI	No	14.60%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	13.30%
CYSTIC FIBROSIS	TOBI PODHALE R	No	14.60%	MUSCULO SKELETAL AGENTS	EVRYSDI	Yes	8.20%
CYSTIC FIBROSIS	TOBRAMY CIN	No	69.40%	MUSCULO SKELETAL AGENTS	VOXZOGO	Yes	12.30%
CYSTIC FIBROSIS	TRIKAFTA	Yes	14.30%	NARCOLEP SY	WAKIX	Yes	14.30%
ENDOCRIN E	BETAINE	Yes	11.30%	NEUTROPE NIA	FULPHILA	No	14.60%
ENDOCRIN E	BUPHENY L	No	15.60%	NEUTROPE NIA	GRANIX	No	14.60%
ENDOCRIN E	BYNFEZIA	No	9.20%	NEUTROPE NIA	LEUKINE	No	14.60%
ENDOCRIN E	CARBAGL U	Yes	8.20%	NEUTROPE NIA	NEULASTA	No	14.60%
ENDOCRIN E	CARGLUM IC	Yes	33.70%	NEUTROPE NIA	NEUPOGE N	No	14.60%
ENDOCRIN E	CHENODA L	Yes	10.20%	NEUTROPE NIA	NIVESTYM	No	14.60%
ENDOCRIN E	CLOVIQUE	No	33.70%	NEUTROPE NIA	NYVEPRIA	No	12.30%
ENDOCRIN E	CORTROP HIN	Yes	11.30%	NEUTROPE NIA	UDENYCA	No	14.60%
ENDOCRIN E	CUPRIMIN E	No	14.90%	NEUTROPE NIA	ZARXIO	No	14.60%
ENDOCRIN E	CYSTADA NE	Yes	11.30%	NEUTROPE NIA	ZIEXTENZ O	No	14.30%

ENDOCRIN E	CYSTADROPS	Yes	11.30%	ONCOLOGY - INJECTABLE	ELIGARD	No	13.40%
ENDOCRIN E	CYSTARAN	Yes	13.80%	ONCOLOGY - INJECTABLE	INTRONA	Yes	14.30%
ENDOCRIN E	DEPEN TITRATABLES	No	14.80%	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	63.30%
ENDOCRIN E	DICHLORPHENAMIDE	Yes	13.80%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	14.60%
ENDOCRIN E	D-PENAMINE	No	13.80%	ONCOLOGY - ORAL	ABIRATERONE	No	82.70%
ENDOCRIN E	EGRIFTA	Yes	14.30%	ONCOLOGY - ORAL	AFINITOR	No	14.90%
ENDOCRIN E	FIRMAGON	No	14.30%	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	14.90%
ENDOCRIN E	GATTEX	Yes	15.60%	ONCOLOGY - ORAL	ALECENSA	Yes	14.90%
ENDOCRIN E	H.P. ACTHAR	Yes	14.30%	ONCOLOGY - ORAL	ALKERAN	No	16.30%
ENDOCRIN E	IMCIVREE	Yes	14.30%	ONCOLOGY - ORAL	ALUNBRIG	Yes	12.80%
ENDOCRIN E	ISTURISA	Yes	11.30%	ONCOLOGY - ORAL	AYVAKIT	Yes	15.30%
ENDOCRIN E	JAVYGTOR	Yes	12.30%	ONCOLOGY - ORAL	BALVERSA	Yes	14.30%
ENDOCRIN E	JYNARQUE	Yes	13.30%	ONCOLOGY - ORAL	BEXAROTENE	No	34.10%
ENDOCRIN E	KEVEYIS	Yes	13.80%	ONCOLOGY - ORAL	BOSULIF	Yes	14.30%
ENDOCRIN E	KORLYM	Yes	12.30%	ONCOLOGY - ORAL	BRAFTOVI	Yes	14.80%
ENDOCRIN E	KUVAN	Yes	13.50%	ONCOLOGY - ORAL	BRUKINSA	Yes	13.80%
ENDOCRIN E	LANREOTIDE	No	11.30%	ONCOLOGY - ORAL	CABOMETYX	Yes	13.30%
ENDOCRIN E	MYALEPT	Yes	8.20%	ONCOLOGY - ORAL	CALQUENCE	Yes	14.30%
ENDOCRIN E	MYCAPSSA	Yes	12.30%	ONCOLOGY - ORAL	CAPECITABINE	No	82.70%
ENDOCRIN E	NATPARA	Yes	14.10%	ONCOLOGY - ORAL	CAPRELSA	Yes	10.20%
ENDOCRIN E	NITYR	Yes	13.80%	ONCOLOGY - ORAL	COMETRIQ	Yes	13.80%
ENDOCRIN E	OCTREOTIDE ACETATE	No	57.30%	ONCOLOGY - ORAL	COPIKTRA	Yes	15.30%
ENDOCRIN E	PENICILLAMINE	No	33.70%	ONCOLOGY - ORAL	COTELLIC	Yes	13.30%
ENDOCRIN E	PROCYSBI	Yes	8.20%	ONCOLOGY - ORAL	DAURISMO	Yes	13.30%
ENDOCRIN E	RAVICTI	Yes	15.90%	ONCOLOGY - ORAL	ERIVEDGE	Yes	13.30%
ENDOCRIN E	RECORLEV	Yes	14.60%	ONCOLOGY - ORAL	ERLEADA	No	14.30%

ENDOCRIN E	SAMSCA	Yes	14.30%	ONCOLOG Y - ORAL	ERLOTINIB	Yes	33.70%
ENDOCRIN E	SANDOST ATIN	No	14.60%	ONCOLOG Y - ORAL	ETOPOSID E	No	33.70%
ENDOCRIN E	SAPROPTE RIN	Yes	41.90%	ONCOLOG Y - ORAL	EVEROLIM US	No	45.90%
ENDOCRIN E	SIGNIFOR	Yes	8.20%	ONCOLOG Y - ORAL	EXKIVITY	Yes	13.80%
ENDOCRIN E	SODIUM PHENYL BUTYRATE	No	33.70%	ONCOLOG Y - ORAL	FARYDAK	Yes	12.30%
ENDOCRIN E	SOMATULI NE DEPOT	No	14.30%	ONCOLOG Y - ORAL	FOTIVDA	Yes	14.10%
ENDOCRIN E	SOMAVERT	Yes	11.50%	ONCOLOG Y - ORAL	GAVRETO	Yes	13.30%
ENDOCRIN E	SYPRINE	No	14.30%	ONCOLOG Y - ORAL	GILOTRIF	Yes	8.20%
ENDOCRIN E	THIOLA	Yes	12.30%	ONCOLOG Y - ORAL	GLEEVEC	No	16.30%
ENDOCRIN E	TIOPRONI N	No	33.70%	ONCOLOG Y - ORAL	GLEOSTIN E	No	16.30%
ENDOCRIN E	TOLVAPTA N	No	33.70%	ONCOLOG Y - ORAL	HYCAMTI N	No	15.60%
ENDOCRIN E	TRIENTINE	No	84.70%	ONCOLOG Y - ORAL	IBRANCE	Yes	14.80%
ENDOCRIN E	XERMELO	Yes	13.80%	ONCOLOG Y - ORAL	ICLUSIG	Yes	13.60%
ENDOCRIN E	XURIDEN	Yes	13.30%	ONCOLOG Y - ORAL	IDHIFA	No	15.30%
ENZYME DEFICIENC Y	CHOLBAM	Yes	5.10%	ONCOLOG Y - ORAL	IMATINIB MESYLAT E	No	92.40%
ENZYME DEFICIENC Y	CYSTAGO N	Yes	11.80%	ONCOLOG Y - ORAL	IMBRUVIC A	Yes	14.80%
ENZYME DEFICIENC Y	GALAFOL D	Yes	14.80%	ONCOLOG Y - ORAL	INLYTA	Yes	14.40%
ENZYME DEFICIENC Y	MIGLUSTA T	No	33.70%	ONCOLOG Y - ORAL	INQOVI	Yes	11.30%
ENZYME DEFICIENC Y	NITISINON E	No	33.70%	ONCOLOG Y - ORAL	INREBIC	Yes	13.30%
ENZYME DEFICIENC Y	ORFADIN	No	3.10%	ONCOLOG Y - ORAL	IRESSA	Yes	15.30%
ENZYME DEFICIENC Y	PALYNZIQ	Yes	12.30%	ONCOLOG Y - ORAL	JAKAFI	Yes	13.30%
ENZYME DEFICIENC Y	STRENSIQ	Yes	12.10%	ONCOLOG Y - ORAL	KISQALI	No	15.30%
ENZYME DEFICIENC Y	SUCRAID	Yes	13.00%	ONCOLOG Y - ORAL	KISQALI FEMARA	No	15.90%
ENZYME DEFICIENC Y	TEGSEDI	Yes	8.20%	ONCOLOG Y - ORAL	KOSELUG O	Yes	14.60%

ENZYME DEFICIENCY	ZAVESCA	Yes	8.20%	ONCOLOGY - ORAL	LAPATINIB	No	33.70%
GAUCHER'S DISEASE	CERDELGA	Yes	14.30%	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	33.70%
GENETIC DISORDER	DOJOLVI	Yes	15.90%	ONCOLOGY - ORAL	LENVIMA	Yes	15.30%
GENETIC DISORDER	VIJOICE	No	13.30%	ONCOLOGY - ORAL	LONSURF	Yes	13.30%
GENETIC DISORDER	ZOKINVY	Yes	14.30%	ONCOLOGY - ORAL	LORBRENDA	Yes	12.30%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	14.90%	ONCOLOGY - ORAL	LUMAKRAS	Yes	13.30%
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	15.50%	ONCOLOGY - ORAL	LYNPARZA	Yes	13.00%
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	14.30%	ONCOLOGY - ORAL	MATULANE	Yes	13.80%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	16.80%	ONCOLOGY - ORAL	MEKINIST	Yes	12.30%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	15.00%	ONCOLOGY - ORAL	MEKTOVI	Yes	14.80%
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	15.30%	ONCOLOGY - ORAL	MELPHALAN	No	33.70%
GROWTH HORMONE DEFICIENCY	SAIZEN	No	18.30%	ONCOLOGY - ORAL	MESNEX	No	14.80%
GROWTH HORMONE DEFICIENCY	SEROSTIM	Yes	14.30%	ONCOLOGY - ORAL	NERLYNX	Yes	15.10%
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	12.30%	ONCOLOGY - ORAL	NEXAVAR	Yes	13.30%
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	15.50%	ONCOLOGY - ORAL	NILANDRON	No	15.90%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	13.80%	ONCOLOGY - ORAL	NILUTAMIDE	No	40.90%
HEMATOLOGIC	BERINERT	Yes	13.30%	ONCOLOGY - ORAL	NINLARO	No	14.30%
HEMATOLOGIC	CABLIVI	Yes	14.30%	ONCOLOGY - ORAL	NUBEQA	Yes	14.30%
HEMATOLOGIC	CINRYZE	Yes	15.30%	ONCOLOGY - ORAL	ODOMZO	No	14.60%

HEMATOLOGIC	DOPTelet	Yes	14.30%	ONCOLOGY - ORAL	ONUREG	No	12.80%
HEMATOLOGIC	FIRAZYR	Yes	15.10%	ONCOLOGY - ORAL	ORGOVYX	Yes	15.10%
HEMATOLOGIC	HAEGARDA	Yes	13.30%	ONCOLOGY - ORAL	PEMAZYRE	Yes	14.80%
HEMATOLOGIC	ICATIBANT	Yes	33.70%	ONCOLOGY - ORAL	PIQRAY	No	12.80%
HEMATOLOGIC	MOZOBIL	No	14.30%	ONCOLOGY - ORAL	POMALYST	Yes	13.80%
HEMATOLOGIC	MULPLETA	No	14.30%	ONCOLOGY - ORAL	PURIXAN	No	13.30%
HEMATOLOGIC	OXBRYTA	Yes	12.80%	ONCOLOGY - ORAL	PYRUKYND	Yes	12.30%
HEMATOLOGIC	PROMACTA	Yes	14.30%	ONCOLOGY - ORAL	QINLOCK	Yes	15.30%
HEMATOLOGIC	REZUROCK	Yes	14.10%	ONCOLOGY - ORAL	RETEVMO	Yes	13.30%
HEMATOLOGIC	RUCONEST	Yes	14.10%	ONCOLOGY - ORAL	REVLIMID	Yes	15.60%
HEMATOLOGIC	SAJAZIR	Yes	23.50%	ONCOLOGY - ORAL	ROZLYTREK	No	16.30%
HEMATOLOGIC	TAKHZYRO	Yes	14.30%	ONCOLOGY - ORAL	RUBRACA	Yes	15.30%
HEMATOLOGIC	TAVALISSE	Yes	14.30%	ONCOLOGY - ORAL	RYDAPT	No	16.30%
HEMOPHILIA - INFUSED	ADVATE	No	43.80%	ONCOLOGY - ORAL	SCEMBLIX	No	12.30%
HEMOPHILIA - INFUSED	ADYNOVATE	No	34.70%	ONCOLOGY - ORAL	SORAFENIB	Yes	42.90%
HEMOPHILIA - INFUSED	AFSTYLA	No	34.60%	ONCOLOGY - ORAL	SPRYCEL	No	16.30%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	42.60%	ONCOLOGY - ORAL	STIVARGA	Yes	12.80%
HEMOPHILIA - INFUSED	ALPHANIN ESD	No	49.80%	ONCOLOGY - ORAL	SUNITINIB	Yes	33.70%
HEMOPHILIA - INFUSED	ALPROLIX	No	14.30%	ONCOLOGY - ORAL	SUTENT	Yes	15.60%
HEMOPHILIA - INFUSED	BENEFIX	No	15.30%	ONCOLOGY - ORAL	TABLOID	No	16.30%
HEMOPHILIA - INFUSED	COAGADEX	Yes	30.60%	ONCOLOGY - ORAL	TABRECTA	No	13.30%
HEMOPHILIA - INFUSED	CORIFACT	No	28.60%	ONCOLOGY - ORAL	TAFINLAR	Yes	14.30%
HEMOPHILIA - INFUSED	ELOCTATE	No	28.60%	ONCOLOGY - ORAL	TAGRISSE	Yes	14.30%
HEMOPHILIA - INFUSED	ESPEROCT	No	23.50%	ONCOLOGY - ORAL	TALZENNA	Yes	14.30%

HEMOPHILIA - INFUSED	FEIBA	No	40.70%	ONCOLOGY - ORAL	TARCEVA	Yes	16.20%
HEMOPHILIA - INFUSED	HEMOFILM	No	44.90%	ONCOLOGY - ORAL	TARGRETIN	No	14.80%
HEMOPHILIA - INFUSED	HUMATE-P	No	37.70%	ONCOLOGY - ORAL	TASIGNA	Yes	14.30%
HEMOPHILIA - INFUSED	IDELVION	No	14.30%	ONCOLOGY - ORAL	TAZVERIK	Yes	14.60%
HEMOPHILIA - INFUSED	IXINITY	No	14.30%	ONCOLOGY - ORAL	TEMODAR	No	15.60%
HEMOPHILIA - INFUSED	JIVI	No	23.50%	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	59.60%
HEMOPHILIA - INFUSED	KOATE	No	42.90%	ONCOLOGY - ORAL	TEPMETKO	Yes	13.30%
HEMOPHILIA - INFUSED	KOATE-DVI	No	42.90%	ONCOLOGY - ORAL	THALOMID	Yes	15.60%
HEMOPHILIA - INFUSED	KOGENATE FS	No	47.80%	ONCOLOGY - ORAL	TIBSOVO	Yes	14.30%
HEMOPHILIA - INFUSED	KOVALTRY	No	46.20%	ONCOLOGY - ORAL	TRETINOIN	No	84.70%
HEMOPHILIA - INFUSED	MONONINE	No	32.10%	ONCOLOGY - ORAL	TRUSELTIQ	Yes	13.80%
HEMOPHILIA - INFUSED	NOVOEIGHT	No	44.80%	ONCOLOGY - ORAL	TUKYSA	Yes	14.60%
HEMOPHILIA - INFUSED	NOVOSEVENT	No	38.90%	ONCOLOGY - ORAL	TURALIO	Yes	14.80%
HEMOPHILIA - INFUSED	NUWIQ	No	48.70%	ONCOLOGY - ORAL	TYKERB	No	15.60%
HEMOPHILIA - INFUSED	PROFILNINE	No	30.70%	ONCOLOGY - ORAL	UKONIQ	Yes	13.30%
HEMOPHILIA - INFUSED	REBINYN	No	18.40%	ONCOLOGY - ORAL	VENCLEXTA	Yes	13.30%
HEMOPHILIA - INFUSED	RECOMBINATE	No	41.90%	ONCOLOGY - ORAL	VERZENIO	Yes	16.10%
HEMOPHILIA - INFUSED	RIXUBIS	No	14.60%	ONCOLOGY - ORAL	VITRAKVI	Yes	15.30%
HEMOPHILIA - INFUSED	SEVENFACT	No	23.50%	ONCOLOGY - ORAL	VIZIMPRO	Yes	9.20%
HEMOPHILIA - INFUSED	TRETTEN	Yes	15.20%	ONCOLOGY - ORAL	VONJO	Yes	14.80%

HEMOPHILIA - INFUSED	VONVENDI	Yes	13.30%	ONCOLOGY - ORAL	VOTRIENT	Yes	14.30%
HEMOPHILIA - INFUSED	WILATE	No	42.90%	ONCOLOGY - ORAL	WELIREG	Yes	14.10%
HEMOPHILIA - INFUSED	XYNTHA	No	39.00%	ONCOLOGY - ORAL	XALKORI	Yes	12.80%
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	13.30%	ONCOLOGY - ORAL	XELODA	No	16.30%
HEPATITIS C	EPCLUSA	No	14.80%	ONCOLOGY - ORAL	XOSPATA	Yes	15.30%
HEPATITIS C	HARVONI	No	15.90%	ONCOLOGY - ORAL	XPOVIO	Yes	15.10%
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	No	15.90%	ONCOLOGY - ORAL	XTANDI	Yes	14.30%
HEPATITIS C	MAVYRET	No	14.80%	ONCOLOGY - ORAL	YONSA	No	16.30%
HEPATITIS C	PEGASYS	No	17.30%	ONCOLOGY - ORAL	ZEJULA	Yes	14.60%
HEPATITIS C	PEGINTRON	No	18.30%	ONCOLOGY - ORAL	ZELBORAF	Yes	13.80%
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	No	14.80%	ONCOLOGY - ORAL	ZOLINZA	No	15.60%
HEPATITIS C	SOVALDI	No	14.80%	ONCOLOGY - ORAL	ZYDELIG	Yes	15.30%
HEPATITIS C	VIEKIRAPAK	No	14.30%	ONCOLOGY - ORAL	ZYKADIA	Yes	13.80%
HEPATITIS C	VOSEVI	No	14.80%	ONCOLOGY - ORAL	ZYTIGA	No	14.30%
HEPATITIS C	ZEPATIER	No	14.70%	ONCOLOGY - TOPICAL	TARGRETIN	No	14.80%
HEPATOLOGY	BYLVAY	Yes	12.30%	ONCOLOGY - TOPICAL	VALCHLOR	Yes	10.70%
HEPATOLOGY	LIVMARLI	Yes	13.30%	OPHTHALMIC	OXERVATE	Yes	13.30%
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	13.80%	OSTEOPOROSIS	FORTEO	No	14.70%
IMMUNE MODULATOR	ACTIMMUNE	Yes	15.10%	OSTEOPOROSIS	TERIPARATIDE	No	14.30%
IMMUNE MODULATOR	ARCALYST	Yes	15.90%	OSTEOPOROSIS	TYMLOS	No	14.10%
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	15.10%	PARKINSONS DISEASE	APOKYN	Yes	12.40%
IMMUNOLOGICAL AGENTS	PALFORZIA	Yes	10.20%	PARKINSONS DISEASE	APOMORPHINE	Yes	33.70%

IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	14.90%	PARKINSONS DISEASE	INBRIJA	Yes	13.30%
INFERTILITY	CETRORELIX	No	18.00%	PARKINSONS DISEASE	KYNMOBI	Yes	10.20%
INFERTILITY	CETROTIDE	No	18.00%	PULMONARY DISEASE	ESBRIET	Yes	14.30%
INFERTILITY	CHORIONIC GONADOTROPIN	No	69.90%	PULMONARY DISEASE	OFEV	Yes	13.30%
INFERTILITY	FOLLISTIM AQ	No	25.00%	PULMONARY DISEASE	PIRFENIDONE	Yes	84.70%
INFERTILITY	FYREMADEL	No	14.30%	PULMONARY HYPERTENSION	ADCIRCA	No	14.30%
INFERTILITY	GANIRELIX ACETATE	No	17.40%	PULMONARY HYPERTENSION	ADEMPAS	Yes	14.30%
INFERTILITY	GONAL-F	No	23.60%	PULMONARY HYPERTENSION	ALYQ	No	59.20%
INFERTILITY	GONAL-F RFF	No	23.60%	PULMONARY HYPERTENSION	AMBRISANTAN	Yes	59.20%
INFERTILITY	MENOPUR	No	17.60%	PULMONARY HYPERTENSION	BOSENTAN	No	33.70%
INFERTILITY	NOVAREL	No	33.70%	PULMONARY HYPERTENSION	LETAIRIS	Yes	13.50%
INFERTILITY	OVIDREL	No	18.00%	PULMONARY HYPERTENSION	OPSUMIT	Yes	14.60%
INFERTILITY	PREGNYL	No	33.70%	PULMONARY HYPERTENSION	ORENITRAM	Yes	14.30%
INFLAMMATORY CONDITIONS	ACTEMRA	No	15.00%	PULMONARY HYPERTENSION	REVATIO	No	14.10%
INFLAMMATORY CONDITIONS	ADBRY	Yes	11.30%	PULMONARY HYPERTENSION	SILDENAFIL	No	95.70%
INFLAMMATORY CONDITIONS	AMJEVITA	No	16.90%	PULMONARY HYPERTENSION	TADALAFIL	No	33.70%

INFLAMMATORY CONDITIONS	CIBINQO	No	14.30%	PULMONARY HYPERTENSION	TADLIQ	Yes	11.30%
INFLAMMATORY CONDITIONS	CIMZIA	No	16.40%	PULMONARY HYPERTENSION	TRACLEER	Yes	14.30%
INFLAMMATORY CONDITIONS	COSENTYX	No	14.30%	PULMONARY HYPERTENSION	TYVASO	Yes	13.80%
INFLAMMATORY CONDITIONS	DUPIXENT	No	14.90%	PULMONARY HYPERTENSION	UPTRAVI	Yes	15.60%
INFLAMMATORY CONDITIONS	EMFLAZA	Yes	11.80%	PULMONARY HYPERTENSION	VENTAVIS*	Yes	13.80%
INFLAMMATORY CONDITIONS	ENBREL	No	15.30%				

*Includes Nebulizer

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will receive an Employee listing along with a request to reconcile. Customer's corrections will be sent to United within 10 business days. For each Renewal Term, United will reconcile the total amounts Customer paid with the total amounts Customer owed. If the reconciliation indicates that United owes Customer money, Customer's next fee invoice will be credited. If the reconciliation indicates that Customer owes United money, United will invoice Customer for the amount due. The Due Date for these amounts is the first day of the next calendar month. Customer will pay United, within thirty (30) days of the due date, the amounts that Customer owes United. For payments made after this thirty (30) day period, Customer will pay United interest on these amounts at the interest rate that United charges to its other self-funded customers.

If the Agreement is terminated, United will pay Customer the amount owed within thirty (30) days after United performs a final reconciliation. If the final reconciliation indicates that Customer owes United money, Customer will pay United within thirty (30) days after receiving notice of the amount owed.

For payments Customer makes after thirty (30) days of receiving notice of the amounts that Customer owes United, United will charge interest at the interest rate that United charge its other self-funded customers.

Effective January 1, 2023, the Administration Renewal Credit reflected in Exhibit B – Fees is replaced in it's entirety as follows:

Administration Renewal Credit Terms

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

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

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

Administration Renewal Credit	\$53.66	PEPM
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Early Termination Penalty:

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

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

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

Caveat:

The Administration Renewal Credit does not replace the binder check requirement at point of sale.

Credits and or budgets are contingent upon having medical and pharmacy coverage over the three year contract period.

If the 1st year enrollment with United falls below the enrollment threshold, UnitedHealthcare will adjust the budget/credit and amount proportional to the enrollment reduction based on the amount of the credit/budget.

Commissions are excluded from Administration Renewal Credit.