



ASO MEDICAL FEES

Fees assume an Average Contract Size of 2.08

ASO Fees (PEPM)	Current	Year 1	Year 2
Plan Year	01/01/2025 through 12/31/2025	1/1/2026 through 12/31/2026	1/1/2027 through 12/31/2027
POS	\$51.79	\$53.34	\$53.34
EPO	\$51.79	\$53.34	\$53.34
Credits			
Administrative Credit (General Purpose)	\$90,000	\$90,000	\$90,000
Wellness Credit	\$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
	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
Physical Health Solutions:			
Chiropractic Network	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included
Other Programs/Services:			
TX Custom PHS 3.0	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Convenience Care Clinics CSP	Included	Included	Included
Data Extracts	Included	Included	Included
COBRA	Included	Included	Included
Expanded eCR Reporting	Included	Included	Included
One Pass	N/A	\$9.09	\$9.09
Other Programs/Services (Fees collected through Bank Account):			
Kaia Health	\$615 Per Participant Per Year	\$615 Per Participant Per Year	\$615 Per Participant Per Year
Maven Maternity 12 Month Program	N/A	\$925 Per Case	\$925 Per Case
Neonatal Resource Services	\$1,700 Per Engagement	\$1,700 Per Engagement	\$1,700 Per Engagement
Quit4Life	\$455.61 Per Case	\$455.61 Per Case	\$455.61 Per Case
Second Opinion Services	\$2,136 Per Case	\$2,136 Per Case	\$2,136 Per Case
Specialist Management Solutions	\$1,500 Per Case	\$1,500 Per Case	\$1,500 Per Case
Virtual Behavioral Coaching	\$72 Per Session	\$72 Per Session	\$72 Per Session
Virtual Behavioral Coaching Weekly Call	\$55 Per Session	\$55 Per Session	\$55 Per Session
UHC Hub Vendors:			
Fees for the following will be collected through the Bank Account			
Teladoc Chronic Care Mgmt Plus	\$69 PEPM	\$69 PEPM	\$69 PEPM

The following services are required but not included in the above ASO Fees:

Additional Services (Fees Collected through Bank Account unless otherwise noted)	Fee	
	1/1/2026 - 12/31/2026	1/1/2027 - 12/31/2027
Naviguard	\$3.00 PEPM	\$3.25 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation (charged in year end reconciliation)	
Payment Integrity:		
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	

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 1823
 - 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 2.08.
 - 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 1640 Employees.
- Annual credits must be used within the Plan Year specified for that credit. One-time credits must be used between 01/01/2026 and 12/31/2027. 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.
- 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. UHC Hub vendors are subcontractors under this Agreement. WILLIAMSON COUNTY agrees that United is not responsible or liable in any way for such performance guarantees or financial return guarantees made by those third party vendors. Certain UHC Hub products are subject to state sales Tax. United will invoice and WILLIAMSON COUNTY 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.



Effective Date: 1/1/2026-12/31/2026
Firm Offer

This document may contain protected health information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

	Current ISL	ISL Proposed Option 1	ISL Proposed Option 2
Individual Stop Loss			
ISL Total Quoted Subscribers	1,823	1,823	1,823
ISL Rate PEPM	\$91.65	\$106.13	\$99.67
ISL Deductible	\$300,000	\$300,000	\$325,000
ISL Liability Limit (per individual)	Unlimited	Unlimited	Unlimited
ISL Contract Basis	P12	P12	P12
ISL Includes Early Retirees	Yes	Yes	Yes
ISL Includes Medicare Retirees	Yes	Yes	Yes
ISL Includes RX	Yes	Yes	Yes
Lasered Claimants**	No	No	No
	Current ASL	ASL Proposed Option 1	ASL Proposed Option 2
Aggregate Stop Loss			
ASL Total Quoted Subscribers	1,823	1,823	1,823
ASL Rate PEPM	\$4.95	\$5.74	\$5.77
ASL Corridor	120%	120%	120%
ASL Liability Limit (per policy period)	\$2,000,000	\$2,000,000	\$2,000,000
ASL Contract Basis	P12	P12	P12
ASL Includes Early Retirees	Yes	Yes	Yes
ASL Includes Medicare Retirees	Yes	Yes	Yes
ASL Includes Rx	Yes	Yes	Yes
ASL Includes Commissions	No	No	No
Monthly Accommodation	Yes	Yes	Yes
Total Stop Loss Premium PEPM	\$96.60	\$111.87	\$105.44
Monthly Stop Loss Premium Cost	\$176,102	\$203,948	\$192,220
Annual Stop Loss Premium	\$2,113,225	\$2,447,374	\$2,306,638
Expected Claims PEPM	\$1,257.52	\$1,459.40	\$1,466.70
Composite Attachment Factor PEPM (illustrative)	\$1,509.02	\$1,751.28	\$1,760.04
Projected Monthly Aggregate Liability	\$2,750,951	\$3,192,583	\$3,208,553
Projected Annual Aggregate Attachment Point	\$33,011,409	\$38,311,001	\$38,502,635
Monthly Maximum Stop Loss Liability	\$2,927,053	\$3,396,531	\$3,400,773
Annual Maximum Stop Loss Liability	\$35,124,634	\$40,758,375	\$40,809,273

Stop Loss Rating Assumptions

- The stop loss attachment points and premium rates provided by UnitedHealthcare in this quotation will be effective from 1/1/2026-12/31/2026.
- Our quotation is based on claims with dates of loss on or after when WILLIAMSON COUNTY enrolled with UHC and paid on or after the effective date of 1/1/2026.
- Aggregate Stop Loss applies to medical claims after the effective date of the stop loss policy, before the policy year end. Paid claim accumulations are based on cashed claim drafts.
- Aggregate Stop Loss applies to medical and pharmacy claims, i.e. Healthcare dollars only. The pharmacy plan must be administered by UnitedHealthcare.
- UnitedHealthcare will be the exclusive health care administrator.
- Participation of at least 75 percent of the eligible enrollees is required.
- COBRA enrollees do not make up more than five percent of the total covered population.
- The benefits or service requirements requested and/or quoted do not change prior to or after the effective date.
- Changes in federal, state or other applicable legislation or regulation do not require changes to this proposal.
- Stop loss protection benefits are based on the proposed plan of benefits. WILLIAMSON COUNTY will provide UnitedHealthcare® with a copy of the plan document when finalized. UnitedHealthcare® reserves the right to change the rates for the stop loss policy if the plan of benefits in the finalized plan document differs from the proposed plan of benefits.
- Individual Stop Loss claims will accumulate toward the stop loss on an issued basis.
- Under aggregate stop loss, the minimum annual aggregate attachment point will be 95% of the monthly aggregate attachment point for the first month of the policy period times 12.
- The offer of Aggregate Stop Loss is contingent upon the purchase of Individual Stop Loss from UnitedHealthcare
- The claims of an individual who has been excluded from individual coverage will not accumulate toward the aggregate attachment point.
- Individual claims above the individual stop loss level will not accumulate toward satisfaction of the aggregate attachment point. If individual stop loss is not in-force, claims above \$300,000 will not accumulate toward the satisfaction of the aggregate attachment point.
- The aggregate stop loss maximum benefit is \$2,000,000 per policy period.
- Aggregate Stop Loss Factors are administered on a composite basis. Any attachment points quoted by product or sub-group in this proposal will be used to establish a composite attachment point on the basis of the final enrollment levels.
- This proposal is contingent upon the review of claims information (including large claims) updated within 120 days of the effective date.
- UnitedHealthcare may pay the selling broker for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business.

For New York situs business, we may pay reduced compensation where fewer services are offered and increased compensation where more services are provided. Producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

General Exclusions Provisions

UnitedHealthcare will not reimburse Policyholder for any of the following:

- Any payment which does not strictly comply with the terms and conditions of the Plan Document;
- Any payment for claims that are not covered as part of the underlying plan design (i.e. FSA, HRA & HSA dollars are excluded).
- Any payment or expense caused by or resulting from war, declared or undeclared or international armed conflict;
- Any payment for litigation costs and expenses, extra-contractual damages, compensatory damages, interest, exemplary and punitive damages or liabilities, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of the Policyholder, Plan, Administrator or any agent or representative of the Policyholder, plan or Administrator;
- Any payment for occupational accidents or illnesses which are also eligible expenses covered by Workers' Compensation or Occupational Disease law, or similar legislation, whether or not coverage under such law is actually in force.
- Any payment associated with benefits not covered by the underlying employee benefit plan, which are nevertheless paid by the employer.

UnitedHealthcare reserves the right to revise this quotation under the following circumstances:

- An award is not made on or before 11/24/2025.
- If the number of covered medical employees varies by more than ten percent from our quoted level of 1823
- The average contract size, defined as the total number of enrolled members divided by the total number of enrolled employees, varies by ten percent or more from the assumed average contract size of 2.08
- The actual enrollment by product varies by ten percent or more from the following:

Product	Subscribers
EPO	1,455
POS	368

If WILLIAMSON COUNTY elects to purchase integrated Dental, Vision, or Short Term Disability coverage with UnitedHealthcare, additional claim savings may apply.



WILLIAMSON COUNTY | 2026 ASO Expense Summary Exhibit

	Proposed Option 1	Proposed Option 2
Subscribers	1823	1823
Members	3792	3792
Administration		
Composite Administration Fee - PEPM	\$62.43	\$62.43
Monthly Fees	\$113,810	\$113,810
Annual Fees	\$1,365,719	\$1,365,719
Credits	(\$202,500)	(\$202,500)
Annual Net Administration	\$1,163,219	\$1,163,219
Stop Loss		
ISL Deductible	\$300,000	\$325,000
ISL Rate - PEPM	\$106.13	\$99.67
ASL Corridor	120%	120%
ASL Rate - PEPM	<u>\$5.74</u>	<u>\$5.77</u>
Total Stop Loss Rates - PEPM	\$111.87	\$105.44
Monthly Premium	\$203,948	\$192,220
Annual Premium	\$2,447,374	\$2,306,638
Claims		
Expected Claims - PEPM	\$1,459.40	\$1,466.70
Attachment Point - PEPM	\$1,751.28	\$1,760.04
Total Expected - Monthly	\$2,660,486	\$2,673,794
Total Expected - Annual	\$31,925,834	\$32,085,529
Total Maximum - Monthly	\$3,192,583	\$3,208,552.92
Total Maximum - Annual	\$38,311,001	\$38,502,635.04
Total Cost Summary		
Expected Annual	\$35,536,427	\$35,555,386
Expected Maximum	\$41,921,594	\$41,972,492

Imprest Balance		
	Current Req. Deposit	Required Medical Deposit*
Imprest Balance	\$630,000	\$766,000
Option	Weekly ACH	Weekly ACH
Frequency	6	6

* If additional lines are sold (ancillary, HRA, FSA, etc.), additional imprest amounts could be needed



Effective Date: 01/01/2026
Performance Standards and Credits
Effective for the period: January 01, 2026 through December 31, 2026

Category	Guarantee Description	Measurement Criteria	Credit Amount
Claim Operations			
1. Time to Process: percent of claims paid in 10 business days	94.00 % in ten business days Gradients are 94.00% within 11 business days 94.00% within 12 business days 94.00% within 13 business days 94.00% within 14 business days 94.00% within 15 or more business days	Site level, by standard claim operations reports.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
2. Dollar Accuracy: Percentage of claims dollars processed accurately.	99.00% Gradients are 98.99%-98.50% 98.49%-98.00% 97.99%-97.50% 97.49%-97.00% Below 97.00%	Office level.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
3. Procedural Accuracy: percent of claims processed without non-financial error.	97.00% Gradients are 96.99%-96.50% 96.49%-96.00% 95.99%-95.50% 95.49%-95.00% Below 95.00%	Office level.	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
Customer Phone Service			
1. Average Speed to Answer.	30 seconds or less Gradients are 32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	Team level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
2. Abandonment Rate.	1.80% Gradients are 1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.80%	Team level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
3. Call Quality Score	93.00% Gradients are 92.99%-91.00% 90.99%-89.00% 88.99%-87.00% 86.99%-85.00% Below 85.00%	Office level	\$4,629 \$9,257 \$13,886 \$18,514 \$23,143
Member Satisfaction			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied Products are PPO, POS, EPO, Managed Indemnity, HMO	Telephone Survey Based on UNET Service Center performance scores. Key Customer study may be conducted for an additional charge.	\$11,571
Overall UHC Satisfaction			
1. Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	Based on Employer health care decision makers' overall satisfaction with UnitedHealthcare..	\$11,571
Total At Risk			\$162,000

Medicare Supplemental plans are excluded from Performance Guarantees.

Confidential/Proprietary/Competitively Sensitive Information



WILLIAMSON COUNTY | 2026 Flexible Spending Account (FSA) Services

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

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.