

FINANCIAL RENEWAL AMENDMENT

This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. and its affiliates ("United") and Williamson County ("Customer"), Contract No. 911463, and is effective on January 1, 2019 unless otherwise specified.

Any capitalized terms used in this Amendment have the meanings shown in the Agreement. These terms may or may not have been capitalized in prior contractual documents between the parties but will have the same meaning as if capitalized.


The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

Williamson County

United HealthCare Services, Inc.

By 
Authorized Signature
Print Name DARRIN A GATTIS
Print Title County Judge
Date 12-19-2018

By _____
Authorized Signature
Print Name _____
Print Title _____
Date _____

Renewal 3Q 2016

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Williamson County

United HealthCare Services, Inc.

By

Authorized Signature

Print Name

DAVID GATTI

Print Title

County Judge

Date

12-19-2018

By

Authorized Signature

Print Name

Holly Durinick

Print Title

Regional Contract Manager

Date

12/31/2018

Renewal 3Q 2016

The Administrative Services Agreement is amended on January 1, 2019 as noted below.

EXHIBIT B –FEES

The following financial terms are effective for the period January 1, 2019 through December 31, 2022, or as otherwise indicated.

This exhibit lists the fees Customer must pay United for its services during the term of the Agreement. These fees apply for the period from January 1, 2019 through December 31, 2022. Customer acknowledges that the amounts paid for administrative services are reasonable. If authorized by Customer pursuant to this Agreement or by subsequent authorization, certain fees will be paid through a withdrawal from the Bank Account.

Standard Medical Service Fees

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

The Standard Medical Fees listed below are based upon an estimated minimum of 1,523 enrolled Employees

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

January 1, 2019 through December 31, 2020

- \$51.03¹ per Employee per month covered under the Choice Plus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$50.48 pepm medical administration and \$.55 pepm COBRA administration)
- \$53.65¹ per Employee per month covered under the Nexus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$53.10 pepm medical administration and \$.55 pepm COBRA administration)

January 1, 2021 through December 31, 2021

- \$52.56¹ per Employee per month covered under the Choice Plus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$52.01 pepm medical administration and \$.55 pepm COBRA administration)
- \$55.26¹ per Employee per month covered under the Nexus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$54.71 pepm medical administration and \$.55 pepm COBRA

January 1, 2022 through December 31, 2022

- \$54.14¹ per Employee per month covered under the Choice Plus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$53.59 pepm medical administration and \$.55 pepm COBRA administration)
- \$56.92¹ per Employee per month covered under the Nexus portion of the Plan, including COBRA PEPM charges.
(Combined total of the following service fees: \$56.37 pepm medical administration and \$.55 pepm COBRA

Average Contract Size: 2.23

Pharmacy AWP Contract Rate

Customer’s contract rate for prescription drugs is as provided in Exhibit C. United uses Medi-Span’s national drug data file as the source for average wholesale price (AWP) information. United reserves the right to revise the pricing and adopt a new source or benchmark if there are material industry changes in pricing methodologies.

Other Fees

Service Description	Fee
Fraud and Abuse Management	Fee equal to thirty-two and five-tenths percent (32.5%) of the gross recovery amount
Hospital Audit Program Services	Fee not to exceed thirty-one percent (31%) of the gross recovery amount
Credit Balance Recovery Services	Fee not to exceed ten percent (10%) of the gross recovery amount.
Standardized Summary of Benefits and Coverage (SBC) as established under The Patient Protection and Affordable Care Act of 2010	United will provide, at no additional charge, standard format, electronic copies of the SBC documents (twice per year) for medical benefit plans administered by United. Customer logos can be included on the SBC at no additional charge. Additional fees will apply for other services. United will not create SBCs for medical plans it does not administer.
Third Party Liability Recovery (Subrogation) Services	Fee equal to thirty-three and one-third percent (33.3%) of the gross recovery amount
Advanced Analytics and Recovery Services	Fee equal to twenty four percent (24%) of the gross recovery amount
Shared Savings Program	<p>Customer will pay a fee equal to twenty-nine percent (29%) of the Savings Obtained as a result of the Shared Savings Program, to be paid through a withdrawal from the Bank Account.</p> <p>The fee per individual claimant for Shared Savings will not exceed \$50,000.</p> <p>Savings Obtained means the amount that would have been payable to a health care provider, including amounts payable by both the Participant and the Plan, if no discount were available, minus the amount that is payable to the health care provider, again, including amounts payable by both the Participant and the Plan, after the discount is taken.</p>
External Reviews	For each subsequent external review beyond 5 total reviews per year, a fee of \$500 will apply per review.
Standard Dental Administrative Service Fees ²	<p>The Standard Dental Service Fees are the sum of \$3.12 per Employee per month covered under the Passive PPO portion of the Plan.</p> <p>The Standard Dental Service Fees escalator for years 2021 and 2022 is 3%.</p>

Flexible Spending Account Administrative Fees

Effective January 1, 2019 through December 31, 2022

Service Description	Fee
FSA Administration	\$4.22 Per Enrollee Per Month (PEPM)
Additional FSA Fees	
External Rollover – Set up charge per customer per vendor	\$1,765
Eligibility feeds – Per file in excess of 52 per year	\$235
Healthcare Spending Account Card	\$0.50 PEPM
Nondiscrimination testing (NDT)	\$500 per testing occurrence

COBRA Administrative Fees

January 1, 2019 through December 31, 2022	
<i>The following COBRA Services are included in the Standard Medical Service Fee identified above:</i>	
<i>COBRA and/or Direct Billing Set Up and Maintenance</i>	² \$0.55 PEPM is included in the Standard Medical Service Fees above
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 (annual fee in subsequent years after implementation)	n/a
<i>COBRA Services</i>	
Ongoing COBRA Continuant Per Month Charge	Included
Qualifying Event Notifications: Qualifying Event Services (fee per Qualifying Event -- includes distribution of Qualifying Event notices and election forms via proof of mail with instructions, and processing of enrollment forms returned)	Included
Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month)	Included
COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification	Included
Women's Health Cancer Rights Act (WHCRA) Notices (per notice)	Included
Texas State Continuation Notification (per notice)	Included
Past Due Notices to Continuant (per notice, upon request)	Included

Note: The 2% COBRA administration portion from premium collected from continuants is remitted to the customer.

<i>The following Optional Services are billed independently of the Standard Medical Service Fee:</i>	
Retiree Billing Services	
Retiree Direct Billing (per continuant per month) Past Due Notices to Continuant (per notice, upon request)	\$4.50 Included
The following are Optional Services Available to customers purchasing COBRA/Direct Bill Services	
Employee Notification Services	
Retro COBRA / HIPAA Initial Rights Notices (per notice)	\$3.00
Post-COBRA HIPAA Certificates of Coverage on outside COBRA members (per certificate)*	\$3.00
HIPAA Privacy Notices (per notice)	\$3.00
Medicare-D Notifications	\$0.95
Open Enrollment Services	
Open Enrollment Service (per person) Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client <i>*There is a \$100 minimum for Open Enrollment Services</i>	\$8.00 Plus Postage
<i>*United provides these certificates through its internal processes as part of standard services for UnitedHealthcare members.</i>	

Credits

Wellness Allowance

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. This credit is available during the first five years.

Pursuant to Customer’s request, the Wellness Allowance amount may be used to pay for reasonable wellness-related programs or activities the County receives from United or Customer’s third-party vendors incurred annually through December 31, 2022, provided the Agreement is not terminated. The wellness allowance may be used for wellness related programming and services such as wellness fairs, biometric screenings, and on site flu vaccinations. These annually allotted funds will be available as of the Effective Date, and on each anniversary of the Effective Date.

For Customer’s third-party vendor provided wellness services, at Customer’s written direction, United will pay wellness-related expenses directly to a Customer third-party vendor once the invoice is sent outlining the expenses Customer has incurred. Customer agrees that United is not responsible for the services Customer’s third-party vendor provides, and Customer’s third-party vendor is solely responsible for any services rendered to Customer or Participants. The invoices should be submitted within 60 days of the service being incurred. Expenses must be for wellness-related programs or activities that are designed to promote the health and wellbeing of Participants, or to educate Participants about healthy lifestyles and choices.

Any wellness-related allowance amounts must comply with these conditions.

In the event that there is a dispute between Customer and Vendor over continuing to make the Vendor Fee payment, the Vendor Fee amount or frequency of the Vendor Fee payment, Customer and Vendor shall be the parties to resolve such dispute and shall hold United harmless in such disputes. In the event of any change whatsoever in the Vendor Fee, Customer shall immediately notify United of such change.

\$40,000 Wellness allowance in 2018
\$40,000 Wellness allowance in 2019
\$40,000 Wellness allowance in 2020
\$40,000 Wellness allowance in 2021
\$40,000 Wellness allowance in 2022

Fee Waiver

United will provide a 1-month fee waiver in the 1st month of years 1-3 (2018 , 2019, and 2020) for all United medical services sold on a PEPM Basis (excluding commissions).

Conditions:

- Requires a three year agreement. Early termination is subject to the early termination penalty outlined below.
- Assumes an enrolled Employee count within 15% of the quoted subscriber count of 1,502.
- 1-month fee waiver is calculated after any credits are applied.

Fee Waiver Early Termination Penalty:

- Termination prior to 1/1/2019 = 100% of fees waived
- Termination prior to 1/1/2020 = 50% of fees waived
- Termination prior to 1/1/2021 = 25% of fees waived

²Packaged Savings Program

The Packaged Savings Program is a \$2.00 per-employee per-month (PEPM) credit to the Dental and Vision service fees based upon the medical administration and the Dental and Vision line of specialty coverage Customer has with United. (\$1 per line of coverage)

Packaged Savings Program credit is available effective January 1, 2018 for the initial 36 months that the eligible medical administration and the Dental and Vision line of specialty coverage remain in-force.

United reserves the right to revise or revoke this Packaged Savings Program credit under the following circumstances:

- The benefits requested and/or quoted change.
- Changes in federal, state or other applicable legislation or regulation require changes to the Packaged Savings Program.
- Specialty products can be added off-cycle from the medical product effective date. However, if the medical or specialty coverage terminates prior to December 31, 2020, any remaining Packaged Savings administrative credits will be forfeited.

EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, as described in Exhibit B), (hereinafter referred to as “Fees”) payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the performance guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees apply to medical benefits and are effective for the period beginning January 1, 2019 through December 31, 2019 (each twelve month period is a “Guarantee Period”). With respect to the aspects of United’s performance addressed in this exhibit, these fee adjustments are Customer’s exclusive financial remedies.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United’s failure is due to Customer’s actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, act of God, acts of terrorism or United’s required compliance with any law, regulation, or governmental agency mandate or anything beyond United’s reasonable control.

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new performance guarantees for the subsequent Guarantee Period. If United specifies new performance guarantees, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Claim is defined as an initial and complete written request for payment of a Plan benefit made by an enrollee, physician, or other healthcare provider on an accepted format. Unless stated otherwise, the claims are limited to medical claims processed through the UNET claims systems. Claims processed and products administered through any other system, including claims for other products such as vision, dental, flexible spending accounts, health reimbursement accounts, health savings accounts, or pharmacy coverage, are not included in the calculation of the performance measurements. Also, services provided under capitated arrangements are not processed as a typical claim; therefore capitated payments are not included in the performance measurements.

Effective for the period January 1, 2019 through December 31, 2019		
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	10 business days
Criteria	Standard claim operations reports	
Level	Site Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	11 business days 12 business days 13 business days 14 business days 15 business days or more	
Procedural Accuracy		
Definition	Procedural accuracy rate of not less than the designated percent.	
Measurement	Percentage of claims processed without procedural (i.e. non-financial) errors	97%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.	
Level	Office Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	96.99% - 96.50%	

	96.49% - 96.00%		
	95.99% - 95.50%		
	95.49% - 95.00%		
	Below 95.00%		
Dollar Accuracy (DAR)			
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.		
Measurement	Percentage of claims dollars processed accurately		99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	98.99% - 98.50%		
	98.49% - 98.00%		
	97.99% - 97.50%		
	97.49% - 97.00%		
	Below 97.00%		
Member Phone Service			
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer's Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer's pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.			
Average Speed of Answer			
Definition	Calls will sequence through our phone system and be answered by customer service within the parameters set forth.		
Measurement	Percentage of calls answered		100%
	Time answered in seconds, on average	seconds	30
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	32 seconds or less		
	34 seconds or less		
	36 seconds or less		
	38 seconds or less		
	Greater than 38 seconds		
Abandonment Rate			
Definition	The average call abandonment rate will be no greater than the percentage set forth		
Measurement	Percentage of total incoming calls to customer service abandoned, on average		2%
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer's account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	2.01% - 2.50%		
	2.51% - 3.00%		
	3.01% - 3.50%		
	3.51% - 4.00%		
	Greater than 4.00%		
Call Quality Score			
Definition	Maintain a call quality score of not less than the percent set forth		
Measurement	Call quality score to meet or exceed		93%
Criteria	Random sampling of calls are each assigned a customer service quality score, using our standard internal call quality assurance program.		
Level	Office that services Customer's account		

Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$14,571
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	92.99% - 91.00% 90.99% - 89.00% 88.99% - 87.00% 86.99% - 85.00% Below 85.00%	
Satisfaction		
Employee (Member) Satisfaction		
Definition	The overall satisfaction will be determined by the question that reads "Overall, how satisfied are you with the way we administer your medical health insurance plan?"	
Measurement	Percentage of respondents, on average, indicating a grade of satisfied or higher	80%
Criteria	Operations standard survey, conducted over the course of the year; may be customer specific for an additional charge.	
Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$7,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	
Customer Satisfaction		
Definition	The overall satisfaction will be determined by the question that reads "How satisfied are you overall with UnitedHealthcare?"	
Measurement	Minimum score on a 10 point scale	score 5
Criteria	Standard Customer Scorecard Survey	
Level	Customer specific	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$7,286
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	N/A
Gradients	Not applicable	

Effective for the period January 1, 2019 through December 31, 2021				
Pharmacy Financials				
Definition	Contracted pharmacy rates that will be delivered to You.			
Measurement and Criteria	01/01/2019 01/01/2020 01/01/2021			
	Combined Discount Guarantee			
	Retail Brand, Average Wholesale Price (AWP) less	19.1%	19.1%	19.1%
	Retail Brand -- 90 Day Supply, AWP less	23.1%	23.1%	23.1%
	Retail Generic - 30 and 90 Day Supply, AWP less	80.5%	80.5%	80.5%
	Mail Order Brand, AWP less	24.0%	24.0%	24.0%
	Mail Order Generic, AWP less	83.5%	83.5%	83.5%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.			
	Dispensing Fees			
	Retail Brand - 30 Day	\$0.85	\$0.85	\$0.85
	Retail Brand -- 90 Day Supply	\$0.50	\$0.50	\$0.50
	Retail Generic - 30 Day	\$0.85	\$0.85	\$0.85
	Retail Generic -- 90 Day Supply	\$0.50	\$0.50	\$0.50
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
Minimum Rebate Guarantee (Traditional PDL)				

-	Rebate Sharing Percentage	100.0%	100.0%	100.0%
-	Basis, per script	Brand	Brand	Brand
-	Retail - 30 and 90 Day	\$185.76	\$203.75	\$257.40
-	Mail Order	\$336.66	\$383.80	\$413.27
-	Specialty	Included In Retail	Included In Retail	Included In Retail
Level	Customer Specific			
Period	Annually			
Payment Period	Annually			
Payment Amount -- Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.			
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.			
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.			
Conditions	<p>Discount Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The arrangement excludes all specialty drugs, generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and non-drug items. • The Arrangement includes usual & customary claims, vaccines, long term care facility claims, veterans' affairs facility claims, over-the-counter 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. <p>Rebate Specific Conditions</p> <ul style="list-style-type: none"> • Assumes implementation of United's Traditional PDL <p>United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:</p> <ul style="list-style-type: none"> • if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level • in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates • if Customer changes or does not elect an Incented plan design • United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type. • Specialty rebates are included in the guaranteed retail per-script rebates above. • Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement. • If Customer terminates pharmacy benefit services with United prior to 12/31/2021, 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. <p>General Conditions</p>			

TRRX (06/2018)	<ul style="list-style-type: none"> • On mail order drugs and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service. • A minimum of 1,371 Employees and 3,055 Participants enrolled in the pharmacy plan is required. • The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount. • All pricing guarantees require the selection of United as the exclusive mail provider. • United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our initial quote; f) if Customer changes their mail service benefit.
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Effective for the period January 1, 2019 through December 31, 2021					
Specialty Pharmacy					
Specialty Pharmacy Discount Guarantee					
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network				
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below.				
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through Our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.				
Level	Customer Specific				
Period	Annual				
Payment Period	Annual				
Payment Amount	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.				
Conditions	<ul style="list-style-type: none"> • Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded. • United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark 				
Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	14.2%	HIV	SELZENTRY	13.5%
ANEMIA	EPOGEN	13.3%	HIV	STAVUDINE	85.7%
ANEMIA	PROCRIT	13.6%	HIV	STRIBILD	13.0%
ANTIHYPERLIPIDE MIC	JUXTAPID	13.0%	HIV	SUSTIVA	14.3%
ANTIHYPERLIPIDE MIC	KYNAMRO	11.4%	HIV	TENOFOVIR	33.1%
ANTIHYPERLIPIDE MIC	PRALUENT	13.5%	HIV	TIVICAY	12.5%
ANTIHYPERLIPIDE MIC	REPATHA	13.8%	HIV	TRIUMEQ	13.9%

ANTI-INFECTIVE	DARAPRIM	12.5%	HIV	TRIZIVIR	14.3%
CARDIOVASCULAR	NORTHERA	13.5%	HIV	TRUVADA	14.1%
CNS AGENTS	AUSTEDO	12.5%	HIV	TYBOST	13.5%
CNS AGENTS	HETLIOZ	13.5%	HIV	VIDEX	14.3%
CNS AGENTS	INGREZZA	13.0%	HIV	VIDEX EC	14.3%
CNS AGENTS	SABRIL	14.3%	HIV	VIRACEPT	14.3%
CNS AGENTS	TETRABENAZINE	38.2%	HIV	VIRAMUNE	14.3%
CNS AGENTS	VIGABATRIN	33.1%	HIV	VIRAMUNE XR	14.3%
CNS AGENTS	XENAZINE	12.5%	HIV	VIREAD	14.3%
CNS AGENTS	XYREM	5.5%	HIV	ZERIT	14.3%
CYSTIC FIBROSIS	BETHKIS	11.4%	HIV	ZIAGEN	14.3%
CYSTIC FIBROSIS	CAYSTON	13.7%	HIV	ZIDOVUDINE	47.0%
CYSTIC FIBROSIS	KALYDECO	11.8%	IMMUNE MODULATOR	ACTIMMUNE	14.0%
CYSTIC FIBROSIS	KITABIS PAK	12.5%	IMMUNE MODULATOR	ARCALYST	14.0%
CYSTIC FIBROSIS	ORKAMBI	13.5%	INFERTILITY	BRAVELLE	13.2%
CYSTIC FIBROSIS	PULMOZYME	15.0%	INFERTILITY	CETROTIDE	14.3%
CYSTIC FIBROSIS	SYMDEKO	12.5%	INFERTILITY	CHORIONIC GONADOTROPIN	22.8%
CYSTIC FIBROSIS	TOBI	13.8%	INFERTILITY	FOLLISTIM AQ	13.2%
CYSTIC FIBROSIS	TOBI PODHALER	13.8%	INFERTILITY	GANIRELIX ACETATE	10.0%
CYSTIC FIBROSIS	TOBRAMYCIN	33.1%	INFERTILITY	GONAL-F	22.9%
ENDOCRINE	BUPHENYL	13.5%	INFERTILITY	GONAL-F RFF	22.8%
ENDOCRINE	CARBAGLU	7.9%	INFERTILITY	MENOPUR	10.0%
ENDOCRINE	CHENODAL	9.4%	INFERTILITY	NOVAREL	15.0%
ENDOCRINE	CUPRIMINE	12.7%	INFERTILITY	OVIDREL	14.3%
ENDOCRINE	CYSTADANE	10.4%	INFERTILITY	PREGNYL	14.5%
ENDOCRINE	CYSTARAN	13.0%	INFLAMMATORY CONDITIONS	ACTEMRA	14.1%
ENDOCRINE	DEPEN TITRATABS	14.0%	INFLAMMATORY CONDITIONS	CIMZIA	15.5%
ENDOCRINE	EGRIFTA	13.5%	INFLAMMATORY CONDITIONS	COSENTYX	12.2%
ENDOCRINE	FIRMAGON	13.5%	INFLAMMATORY CONDITIONS	DUPIXENT	14.1%
ENDOCRINE	GATTEX	13.5%	INFLAMMATORY CONDITIONS	EMFLAZA	10.4%
ENDOCRINE	H.P. ACTHAR	13.5%	INFLAMMATORY CONDITIONS	ENBREL	13.7%
ENDOCRINE	KEVEYIS	13.0%	INFLAMMATORY CONDITIONS	HUMIRA	14.9%
ENDOCRINE	KORLYM	11.4%	INFLAMMATORY CONDITIONS	KEVZARA	9.9%
ENDOCRINE	KUVAN	12.7%	INFLAMMATORY CONDITIONS	KINERET	13.2%
ENDOCRINE	MYALEPT	0.3%	INFLAMMATORY CONDITIONS	ORENCIA	13.6%
ENDOCRINE	NATPARA	12.5%	INFLAMMATORY CONDITIONS	OTEZLA	11.4%
ENDOCRINE	NITYR	11.7%	INFLAMMATORY CONDITIONS	SILIQ	11.4%
ENDOCRINE	OCTREOTIDE ACETATE	33.1%	INFLAMMATORY CONDITIONS	SIMPONI	13.5%
ENDOCRINE	PROCYSBI	7.3%	INFLAMMATORY CONDITIONS	STELARA	12.5%
ENDOCRINE	RAVICTI	11.9%	INFLAMMATORY CONDITIONS	TALTZ	11.4%
ENDOCRINE	SAMSCA	13.5%	INFLAMMATORY CONDITIONS	TREMFYA	14.1%

ENDOCRINE	SANDOSTATIN	13.8%	INFLAMMATORY CONDITIONS	XELJANZ	13.5%
ENDOCRINE	SIGNIFOR	7.9%	INFLAMMATORY CONDITIONS	XELJANZ XR	13.5%
ENDOCRINE	SODIUM PHENYL BUTYRATE	33.1%	IRON OVERLOAD	EXJADE	11.9%
ENDOCRINE	SOMATULINE DEPOT	13.5%	IRON OVERLOAD	FERRIPROX	12.5%
ENDOCRINE	SOMAVERT	10.6%	IRON OVERLOAD	JADENU	13.0%
ENDOCRINE	SYPRINE	12.7%	LIVER DISEASE	OCALIVA	14.5%
ENDOCRINE	THIOLA	11.4%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	13.5%
ENDOCRINE	TRIENTINE	12.7%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
ENDOCRINE	XERMELO	12.5%	MULTIPLE SCLEROSIS	AUBAGIO	12.5%
ENDOCRINE	XURIDEN	13.2%	MULTIPLE SCLEROSIS	AVONEX	13.5%
ENZYME DEFICIENCY	CHOLBAM	4.2%	MULTIPLE SCLEROSIS	BETASERON	13.9%
ENZYME DEFICIENCY	CYSTAGON	10.9%	MULTIPLE SCLEROSIS	COPAXONE	13.9%
ENZYME DEFICIENCY	ORFADIN	2.2%	MULTIPLE SCLEROSIS	EXTAVIA	13.5%
ENZYME DEFICIENCY	STRENSIQ	11.3%	MULTIPLE SCLEROSIS	GILENYA	13.5%
ENZYME DEFICIENCY	SUCRAID	12.2%	MULTIPLE SCLEROSIS	GLATIRAMER	33.1%
ENZYME DEFICIENCY	ZAVESCA	10.9%	MULTIPLE SCLEROSIS	GLATOPA	33.1%
GAUCHERS DISEASE	CERDELGA	13.5%	MULTIPLE SCLEROSIS	PLEGRIDY	13.5%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	14.1%	MULTIPLE SCLEROSIS	REBIF	13.7%
GROWTH HORMONE DEFICIENCY	HUMATROPE	14.7%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	13.7%
GROWTH HORMONE DEFICIENCY	INCRELEX	13.5%	MULTIPLE SCLEROSIS	TECFIDERA	13.5%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	15.7%	MULTIPLE SCLEROSIS	ZINBRYTA	12.5%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	13.9%	NEUTROPENIA	GRANIX	13.8%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ NUSPIN	13.9%	NEUTROPENIA	LEUKINE	13.8%
GROWTH HORMONE DEFICIENCY	OMNITROPE	13.9%	NEUTROPENIA	NEULASTA	13.8%
GROWTH HORMONE DEFICIENCY	SAIZEN	17.5%	NEUTROPENIA	NEUPOGEN	13.8%
GROWTH HORMONE DEFICIENCY	SEROSTIM	13.5%	NEUTROPENIA	ZARXIO	13.8%
GROWTH HORMONE DEFICIENCY	ZOMACTON	14.7%	ONCOLOGY - INJECTABLE	INTRON A	13.0%
GROWTH HORMONE DEFICIENCY	ZORBIVIVE	13.0%	ONCOLOGY - INJECTABLE	SYLATRON	13.5%
HEMATOLOGIC	BERINERT	12.5%	ONCOLOGY - INJECTABLE	SYNRIBO	11.4%

HEMATOLOGIC	CINRYZE	7.8%	ONCOLOGY - ORAL	AFINITOR	13.5%
HEMATOLOGIC	FIRAZYR	13.5%	ONCOLOGY - ORAL	AFINITOR DISPERZ	13.5%
HEMATOLOGIC	HAEGARDA	12.5%	ONCOLOGY - ORAL	ALECENSA	13.9%
HEMATOLOGIC	MOZOBIL	13.5%	ONCOLOGY - ORAL	ALKERAN	33.1%
HEMATOLOGIC	PROMACTA	13.5%	ONCOLOGY - ORAL	ALUNBRIG	11.9%
HEMATOLOGIC	RUCONEST	12.5%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
HEMOPHILIA	ADVATE	41.0%	ONCOLOGY - ORAL	BOSULIF	13.5%
HEMOPHILIA	ADYNOVATE	32.0%	ONCOLOGY - ORAL	CABOMETYX	11.4%
HEMOPHILIA	AFSTYLA	34.0%	ONCOLOGY - ORAL	CALQUENCE	13.5%
HEMOPHILIA	ALPHANATE/VON WILLEBRAND	39.5%	ONCOLOGY - ORAL	CAPECITABINE	33.1%
HEMOPHILIA	ALPHANINE SD	44.9%	ONCOLOGY - ORAL	CAPRELSA	8.3%
HEMOPHILIA	ALPROLIX	13.5%	ONCOLOGY - ORAL	COMETRIQ	10.6%
HEMOPHILIA	BEBULIN	20.7%	ONCOLOGY - ORAL	COTELLIC	12.5%
HEMOPHILIA	BENEFIX	13.5%	ONCOLOGY - ORAL	ERIVEDGE	12.5%
HEMOPHILIA	COAGADEX	30.0%	ONCOLOGY - ORAL	ERLEADA	12.5%
HEMOPHILIA	CORIFACT	27.9%	ONCOLOGY - ORAL	FARYDAK	11.4%
HEMOPHILIA	ELOCTATE	25.1%	ONCOLOGY - ORAL	GILOTRIF	13.5%
HEMOPHILIA	FEIBA	31.1%	ONCOLOGY - ORAL	GLEEVEC	15.1%
HEMOPHILIA	HELIXATE FS	40.2%	ONCOLOGY - ORAL	HYCAMTIN	14.8%
HEMOPHILIA	HEMLIBRA	12.5%	ONCOLOGY - ORAL	IBRANCE	13.0%
HEMOPHILIA	HEMOPIL M	43.4%	ONCOLOGY - ORAL	ICLUSIG	12.5%
HEMOPHILIA	HUMATE-P	32.3%	ONCOLOGY - ORAL	IDHIFA	14.5%
HEMOPHILIA	IDELVION	13.5%	ONCOLOGY - ORAL	IMATINIB MESYLATE	39.2%
HEMOPHILIA	IXINITY	13.5%	ONCOLOGY - ORAL	IMBRUVICA	13.5%
HEMOPHILIA	KOATE	42.3%	ONCOLOGY - ORAL	INLYTA	13.5%
HEMOPHILIA	KOATE-DVI	42.3%	ONCOLOGY - ORAL	IRESSA	13.5%
HEMOPHILIA	KOGENATE FS	44.3%	ONCOLOGY - ORAL	JAKAFI	12.5%
HEMOPHILIA	KOVALTRY	35.1%	ONCOLOGY - ORAL	KISQALI	14.5%
HEMOPHILIA	MONOCLATE-P	33.7%	ONCOLOGY - ORAL	KISQALI FEMARA	14.5%
HEMOPHILIA	MONONINE	31.4%	ONCOLOGY - ORAL	LENVIMA	12.5%
HEMOPHILIA	NOVOEIGHT	41.8%	ONCOLOGY - ORAL	LONSURF	14.5%
HEMOPHILIA	NOVOSEVEN RT	33.7%	ONCOLOGY - ORAL	LYNPARZA	11.9%
HEMOPHILIA	NUWIQ	36.1%	ONCOLOGY - ORAL	MATULANE	13.0%
HEMOPHILIA	PROFILNINE	30.0%	ONCOLOGY - ORAL	MEKINIST	11.4%
HEMOPHILIA	PROFILNINE SD	30.0%	ONCOLOGY - ORAL	MELPHALAN	33.1%

HEMOPHILIA	REBINYN	22.8%	ONCOLOGY - ORAL	MESNEX	14.0%
HEMOPHILIA	RECOMBINATE	40.2%	ONCOLOGY - ORAL	NERLYNX	14.0%
HEMOPHILIA	RIXUBIS	13.7%	ONCOLOGY - ORAL	NEXAVAR	12.5%
HEMOPHILIA	TRETTEN	12.5%	ONCOLOGY - ORAL	NINLARO	13.5%
HEMOPHILIA	VONVENDI	11.9%	ONCOLOGY - ORAL	ODOMZO	13.8%
HEMOPHILIA	WILATE	36.1%	ONCOLOGY - ORAL	POMALYST	13.0%
HEMOPHILIA	XYNTHA	38.4%	ONCOLOGY - ORAL	REVLIMID	11.4%
HEPATITIS B	ADEFOVIR DIPIVOXIL	33.1%	ONCOLOGY - ORAL	RUBRACA	13.5%
HEPATITIS B	BARACLUDGE	13.5%	ONCOLOGY - ORAL	RYDAPT	15.4%
HEPATITIS B	ENTECAVIR	56.7%	ONCOLOGY - ORAL	SPRYCEL	14.8%
HEPATITIS B	EPIVIR HBV	14.3%	ONCOLOGY - ORAL	STIVARGA	11.9%
HEPATITIS B	HEPSERA	13.5%	ONCOLOGY - ORAL	SUTENT	13.5%
HEPATITIS B	LAMIVUDINE HBV	33.1%	ONCOLOGY - ORAL	TAFINLAR	11.4%
HEPATITIS B	TYZEKA	13.2%	ONCOLOGY - ORAL	TAGRISSEO	13.5%
HEPATITIS B	VEMLIDY	13.3%	ONCOLOGY - ORAL	TARCEVA	13.5%
HEPATITIS C	DAKLINZA	13.5%	ONCOLOGY - ORAL	TARGRETIN	13.8%
HEPATITIS C	EPCLUSA	13.5%	ONCOLOGY - ORAL	TASIGNA	13.5%
HEPATITIS C	HARVONI	14.8%	ONCOLOGY - ORAL	TEMODAR	14.8%
HEPATITIS C	MAVYRET	14.0%	ONCOLOGY - ORAL	TEMOZOLOMIDE	51.6%
HEPATITIS C	OLYSIO	14.1%	ONCOLOGY - ORAL	THALOMID	14.0%
HEPATITIS C	PEGASYS	16.4%	ONCOLOGY - ORAL	TRETINOIN	44.2%
HEPATITIS C	PEGINTRON	17.5%	ONCOLOGY - ORAL	TYKERB	14.8%
HEPATITIS C	SOVALDI	13.8%	ONCOLOGY - ORAL	VENCLEXTA	12.5%
HEPATITIS C	TECHNIVIE	13.5%	ONCOLOGY - ORAL	VERZENIO	13.0%
HEPATITIS C	VIEKIRA PAK	13.5%	ONCOLOGY - ORAL	VOTRIENT	13.5%
HEPATITIS C	VIEKIRA XR	13.5%	ONCOLOGY - ORAL	XALKORI	11.9%
HEPATITIS C	VOSEVI	14.0%	ONCOLOGY - ORAL	XELODA	13.8%
HEPATITIS C	ZEPATIER	13.7%	ONCOLOGY - ORAL	XTANDI	13.5%
HIV	ABACAVIR	52.0%	ONCOLOGY - ORAL	ZEJULA	13.5%
HIV	ABACAVIR SULFATE/LAMIVU DINE/ZIDOVUDINE	35.1%	ONCOLOGY - ORAL	ZELBORAF	12.7%
HIV	ABACAVIR/LAMIV UDINE	35.1%	ONCOLOGY - ORAL	ZOLINZA	14.8%
HIV	APTIVUS	14.3%	ONCOLOGY - ORAL	ZYDELIG	13.5%
HIV	ATAZANAVIR	33.1%	ONCOLOGY - ORAL	ZYKADIA	13.0%
HIV	ATRIPLA	13.9%	ONCOLOGY - ORAL	ZYTIGA	13.5%

HIV	BIKTARVY	14.1%	ONCOLOGY - TOPICAL	VALCHLOR	7.8%
HIV	COMBIVIR	14.3%	OSTEOPOROSIS	FORTEO	13.5%
HIV	COMPLERA	13.9%	OSTEOPOROSIS	TYMLOS	13.3%
HIV	CRIXIVAN	14.3%	PARKINSONS DISEASE	APOKYN	11.5%
HIV	DESCOVY	14.1%	PULMONARY DISEASE	ESBRIET	13.5%
HIV	DIDANOSINE	47.0%	PULMONARY DISEASE	OFEV	12.5%
HIV	EDURANT	13.9%	PULMONARY HYPERTENSION	ADCIRCA	12.7%
HIV	EFAVIRENZ	14.3%	PULMONARY HYPERTENSION	ADEMPAS	12.5%
HIV	EMTRIVA	14.3%	PULMONARY HYPERTENSION	LETAIRIS	12.7%
HIV	EPIVIR	14.3%	PULMONARY HYPERTENSION	OPSUMIT	12.7%
HIV	EPZICOM	13.6%	PULMONARY HYPERTENSION	ORENITRAM	12.5%
HIV	EVOTAZ	13.5%	PULMONARY HYPERTENSION	REVATIO	10.9%
HIV	FOSAMPRENAVIR	33.1%	PULMONARY HYPERTENSION	SILDENAFIL CITRATE	33.1%
HIV	FUZEON	12.1%	PULMONARY HYPERTENSION	TRACLEER	12.7%
HIV	GENVOYA	13.9%	PULMONARY HYPERTENSION	TYVASO	3.7%
HIV	INTELENCE	13.5%	PULMONARY HYPERTENSION	UPTRAVI	14.0%
HIV	INVIRASE	14.3%	PULMONARY HYPERTENSION	VENTAVIS*	+10.4%
HIV	ISENTRESS	11.7%	TRANSPLANT	ASTAGRAF XL	10.9%
HIV	ISENTRESS HD	11.7%	TRANSPLANT	CELLCEPT	13.2%
HIV	JULUCA	14.1%	TRANSPLANT	CYCLOSPORINE	51.8%
HIV	KALETRA	14.3%	TRANSPLANT	CYCLOSPORINE MODIFIED	51.8%
HIV	LAMIVUDINE	33.1%	TRANSPLANT	ENVARUSUS XR	13.5%
HIV	LAMIVUDINE/ZIDOVUDINE	55.6%	TRANSPLANT	GENGRAF	64.0%
HIV	LEXIVA	14.3%	TRANSPLANT	MYCOPHENOLATE MOFETIL	93.4%
HIV	NEVIRAPINE	98.4%	TRANSPLANT	MYCOPHENOLIC ACID	33.1%
HIV	NEVIRAPINE ER	33.1%	TRANSPLANT	MYCOPHENOLIC ACID DR	33.1%
HIV	NORVIR	14.3%	TRANSPLANT	MYFORTIC	14.3%
HIV	ODEFSEY	14.1%	TRANSPLANT	NEORAL	23.9%
HIV	PREZCOBIX	13.5%	TRANSPLANT	PROGRAF	13.9%
HIV	PREZISTA	14.3%	TRANSPLANT	RAPAMUNE	14.3%
HIV	RESCRIPTOR	14.3%	TRANSPLANT	SANDIMMUNE	27.1%
HIV	RETROVIR	14.3%	TRANSPLANT	SIROLIMUS	33.1%
HIV	REYATAZ	13.9%	TRANSPLANT	TACROLIMUS	79.1%
HIV	RITONAVIR	14.3%	TRANSPLANT	ZORTRESS	13.5%

*Includes Nebulizer

NOTE: Can only dispense Anemia and Neutropenia drugs where they are adjunct therapy to Hepatitis-C.