

FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 4

This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United") and Williamson County ("Customer"), Contract No. 911463, and is effective on January 1, 2021 unless otherwise specified.

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

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

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

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

Williamson County

United HealthCare Services, Inc.

By Bill Gravell Jr.
Bill Gravell Jr. (Dec 22, 2020 11:42 CST)
Authorized Signature
Print Name Bill Gravell Jr.
Print Title County Judge
Date Dec 22, 2020

By Holly Durinick
Authorized Signature
Print Name Holly Durinick
Print Title Regional Contract Manager
Date 12/10/2020

Renewal 2Q 2020

The Administrative Services Agreement is amended as noted below.

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein. Following the Effective Date and after Customer has provided one (1) months' worth of claims funding, this Amendment is deemed executed by the parties.

Effective January 1, 2021, the following is added to Section 1 Definitions:

Standard of Care: In providing all services set forth in this Agreement, United shall use the care, skill, prudence and diligence under the circumstances then prevailing that a prudent claims administrator/fiduciary acting in a like capacity and familiar with such matters would use under similar circumstances.

Effective January 1, 2021, any references to Shared Savings Program, Facility Reasonable & Customary Charge Determination Program, Reasonable and Customary Charge Guidelines, and/or Maximum Non-Network Reimbursement Program, each as applicable, in Section H. Network Services in Exhibit A are replaced in their entirety as follows:

Naviguard – Emergent/RAPL (Participant Had No Choice). Offers a reimbursement methodology applicable to 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 the Participant can access dedicated resources as well on-line materials to help Participants stay in network where assistance is provided in explaining reimbursement methodologies.	Participants are held harmless from provider balance billing. Program complies with applicable law and regulation including but not limited to the ACA minimum reimbursement methodology.
Naviguard – Non Emergent (Participant Had Choice). Offers a reimbursement methodology applicable to 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 the Participant can access dedicated resources as well on-line materials to help Participants stay in network where assistance is provided in explaining reimbursement methodologies.	Customer directs United, at United's discretion, to increase compensation for a particular claim if 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 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).

Effective January 1, 2021, Section D - eServices® Customer Reporting Services is hereby deleted and replaced with the following with removal of Interface with third party stop loss vendor.

Service	Comments
An online customer reporting system including up to five customer IDs.	
<u>Reporting Access Levels:</u>	Customer's access level is based upon its election.
<ul style="list-style-type: none"> Standard – Basic report package of “subscription” financial and utilization information produced on a pre-scheduled basis. Select – In addition to the Standard features, interactive access to eCR tools allowing the user to customize report parameters to facilitate detailed views of the data. Includes a broad array of membership and utilization reports. Expanded – In addition to the Select features, allows the user greater ad-hoc and customizable capabilities to obtain detailed performance information. 	Expanded Level reports are available to customers with Select Level reporting on an ad hoc basis for an additional charge per report.
Non-standard or ad hoc reports	Fees are determined on a report-specific basis
United reserves the right, from time to time, to change the content, format and/or type of its reports.	

Effective January 1, 2021 Section A2 Recovery Services in Exhibit A is replaced in its entirety as follows:

Section A2 Prevention and Recovery Services

United will provide prevention and recovery services for Overpayments and other Plan recovery and savings opportunities as described herein.

Overpayments. United will attempt to recover Overpayments by employing appropriate outreach to Participants and/or providers to request reimbursement.

Payment Integrity Services. United provides services to help prevent, identify, and resolve irregular claims (“Payment Integrity Services”). United’s Payment Integrity Services help guard against potential errors, fraud, waste and abuse by reviewing claims on a pre- and/or post-adjudicated basis.

United’s Payment Integrity Services processes will be based upon United’s proprietary and confidential procedures, modes of analysis, and investigations. United will use these procedures and standards in delivering Payment Integrity Services to Customer and to United’s other customers. Services include all work to identify recovery and savings opportunities, research, data analysis, investigation, and initiation of all Recovery Processes set forth below. United does not guarantee or warranty any particular level of prevention, detection, or recovery.

United makes available to Customer an array of standard and optional Payment Integrity Services, as identified in Exhibit B - Fees.

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

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

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

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

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

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

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

Recovery Fees. Customer will be charged a fee for the Payment Integrity Services described in this Section A2. That fee is set forth in Exhibit B-Fees. No fees will be charged (a) if the Overpayment is solely the result of United's acts, or (b) for recoveries obtained through a class action where United does not file an opt-out case on behalf of Customer. United will not be responsible for reimbursement of any unrecovered Overpayment nor attorneys' fees and costs related to litigation or arbitration associated with recoveries except to the extent an arbitrator, arbitration panel, or court of competent jurisdiction determines that the Overpayment was due to United's failure to meet the Standard of Care or willful misconduct. Under no circumstances will United be responsible for reimbursement of unrecovered Overpayments resulting from a third party's fraud.

Exhibit B Fees (renewed annually):

EXHIBIT B - FEES

Contract Number 911463

The following financial terms are effective for the period January 1, 2021 through December 31, 2023.

The Standard Medical Service Fees are as stated below. Customer acknowledges that the amounts paid for administrative services are reasonable. If authorized by Customer pursuant to this Agreement or by subsequent authorization, certain fees will be paid through a withdrawal from the Bank Account. These fees do not include state or Federal surcharges, assessments, or similar Taxes imposed by governmental entities or agencies on the Plan or United, including but not limited to those imposed pursuant to The Patient Protection and Affordable Care Act of 2010, as amended from time to time as these are the responsibility of the Plan.

Standard Medical Service Fees

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

Effective January 1, 2021 through December 31, 2021

The Standard Medical Fees are based upon an estimated minimum of 1,602 enrolled Employees.

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

- \$51.55 per Employee per month covered under the Choice Plus and Choice Plus HSA portions of the Plan.
- \$54.25 per Employee per month covered under the Nexus portion of the Plan.

Average Contract Size: 2.20

Effective January 1, 2022 through December 31, 2022

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

- \$53.10 per Employee per month covered under the Choice Plus and Choice Plus HSA portions of the Plan.
- \$55.88 per Employee per month covered under the Nexus portion of the Plan.

Effective January 1, 2023 through December 31, 2023

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

- \$53.10 per Employee per month covered under the Choice Plus and Choice Plus HSA portions of the Plan.
- \$55.88 per Employee per month covered under the Nexus portion of the Plan.

Pharmacy AWP Contract Rate

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

Other Fees

Service Description	Fee
Naviguard	Customer will pay a fee equal to \$2.50 per employee per month, to be paid through a withdrawal from the Bank Account. 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 application of the reimbursement calculation.
External Reviews	For each subsequent external review beyond 5 total reviews per year, a fee of \$500 will apply per review.
Dental Administration	The Standard Dental Service Fees are the sum of \$3.12 per Employee per month. Average Contract Size: 2.30

Payment Integrity Services

Service Description	Fee
Fraud, Waste, and Abuse Management <ul style="list-style-type: none"> Detection and recovery of wasteful, abusive, and/or fraudulent claims. Search for claims for patterns which indicate possible waste or error by identifying specific claims for additional review. Pre-adjudicated claims or post-adjudicated claims.	Fee not to exceed 22% of the gross recovery or prevented amount
Litigation and Arbitration Fees for Recoveries <ul style="list-style-type: none"> Litigation or arbitration to recovery any Overpayments and other Plan recovery opportunities. Outside attorneys' fees and costs directly incurred with litigation or arbitration. Pre-adjudicated claims or post-adjudication claims. 	Outside attorneys' fees and costs will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit).
Hospital Bill and Premium Audit Services <ul style="list-style-type: none"> In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. Post-adjudicated claims. 	Fee not to exceed 22% of the gross recovery amount.
Advanced Analytics and Recovery <ul style="list-style-type: none"> United's large-scale analytics to identify additional recovery opportunities. Claims re-examined every month for up to 12 months. Post-adjudicated claims. 	Fee not to exceed 24% of the gross recovery amount
Third Party Liability <ul style="list-style-type: none"> 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. 	Fee not to exceed 33.33% of the applicable savings amount.
Credit Balance Recovery <ul style="list-style-type: none"> 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. 	Fee not to exceed 10% of the gross recovery amount.

Credits

Wellness Allowance

United will provide a wellness allowance so Customer may enhance Customer medical benefits during the term of the Agreement. The wellness allowance may be used at Customer's discretion as Customer utilizes wellness programming and services from United.

\$40,000 Wellness annual allowance

Renewal Allowance

United will provide a renewal allowance to help Customer mitigate costs associated with a renewal change, to be used at Customer's discretion. United will provide a one month Renewal Allowance to help Customer mitigate costs associated with an administrative service provider change.

The Renewal Allowance will be paid via a credit to the Customer fees after (a) the Agreement is executed and (b) the first month's fees have been received by United. This is a one-time first year credit.

To qualify for this waiver, Customer's enrollment must exceed 1602 employees. If Customer terminates Agreement prior to December 31, 2021 Customer will pay United a prorated portion of this fee waiver as follows:

This allowance is available during the **first month** of the renewal term. The renewal allowance will be paid through a credit to Customer's fees.

Renewal Allowance \$53.58 per Employee per month Renewal allowance (in January)

Early Termination Penalty:

Termination prior to December 31, 2019: 100% of the Fee Waiver

Termination prior to December 31, 2020: 50% of the Fee Waiver

Termination prior to December 31, 2021: 25% of the Fee Waiver

Caveat:

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

1Commissions are excluded from Renewal Allowance.

Flexible Spending Account Administration

Contract No.: 911765

The following financial terms are effective for the period January 1, 2021 through December 31, 2021

Service Description	Fee
FSA Administration	\$2.95 Per Enrollee Per Month (PEPM)
Additional FSA Fees	
External Rollover – Set up charge per customer per vendor	\$1,765
Eligibility feeds – Per file in excess of 52 per year	\$235
Nondiscrimination testing	\$500 per occurrence

COBRA Administration

The following financial terms are effective for the period January 1, 2018 through December 31, 2022

	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022
COBRA and/or Direct Billing Set Up and Maintenance	\$0.55 PEPM	\$0.55 PEPM	\$0.55 PEPM	\$0.55 PEPM	\$0.55 PEPM
Group Setup Fee (one time fee at implementation)	Included	n/a	n/a	n/a	n/a
COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator)	Included	n/a	n/a	n/a	n/a
On-going Maintenance Fee (annual fee in subsequent years after implementation)	n/a	Included	Included	Included	Included
COBRA Services					
Ongoing COBRA Continuant Per Month Charge	Included	Included	Included	Included	Included
Qualifying Event Notifications: Qualifying Event Services (fee per	Included	Included	Included	Included	Included

Qualifying Event -- includes distribution of Qualifying Event notices and election forms via proof of mail with instructions, and processing of enrollment forms returned)					
Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month)	Included	Included	Included	Included	Included
COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification	Included	Included	Included	Included	Included
Women's Health Cancer Rights Act (WHCRA) Notices (per notice)	Included	Included	Included	Included	Included
Texas State Continuation Notification (per notice)	Included	Included	Included	Included	Included
Past Due Notices to Continuant (per notice, upon request)	Included	Included	Included	Included	Included

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

Retiree Billing Services

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

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

Employee Notification Services

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

Open Enrollment Services

Open Enrollment Service (per person) Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client *There is a \$100 minimum for Open Enrollment Services	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage	\$8.00 Plus Postage
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*We provide these certificates through our internal processes as part of standard services for UnitedHealthcare members.

EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, as described in Exhibit B), (hereinafter referred to as “Fees”) payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the performance guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees apply to medical benefits and are effective for the period beginning January 1, 2021 through December 31, 2021 (“Guarantee Period”). With respect to the aspects of United’s performance addressed in this exhibit, these fee adjustments are Customer’s exclusive financial remedies.

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

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

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

Claim Operations			
Time to Process in 10 Days			
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.		
Measurement	Percentage of claims processed		94%
	Time to process, in business days or less after receipt of claim	business days	10
Criteria	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 January 1, 2021 through December 31, 2023 (each twelve month period is a “Guarantee Period”)

Pharmacy Financials			
Definition	Contracted pharmacy rates that will be delivered to You.		
Measurement and Criteria		01/01/2021	01/01/2022
		01/01/2023	
	Combined Discount Guarantee - Broad Network		
	Retail Brand, Average Wholesale Price (AWP) less	21.5%	21.5%
	Retail Brand -- 90 Day Supply, AWP less	24.0%	24.0%
	Retail Generic - 30 and 90 Day Supply, AWP less	83.0%	83.0%
	Mail Order Brand, AWP less	25.0%	25.0%
	Mail Order Generic, AWP less	86.0%	86.0%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.		
	Dispensing Fees - Broad Network		
	Retail Brand - 30 Day	\$0.55	\$0.55
	Retail Brand -- 90 Day Supply	\$0.15	\$0.15
	Retail Generic - 30 Day	\$0.55	\$0.55
	Retail Generic -- 90 Day Supply	\$0.15	\$0.15
	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	\$252.60	\$284.81
	Mail Order	\$437.62	\$479.48
	Specialty	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	Discount & Dispense Fee Specific Conditions <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. 		

-	<ul style="list-style-type: none"> • 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.
-	<ul style="list-style-type: none"> • The Arrangement excludes vaccines.
-	<ul style="list-style-type: none"> • The Arrangement includes usual & customary claims, long term care facility claims, veterans' affairs facility claims, over-the-counter claims.
-	<ul style="list-style-type: none"> • 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.
-	<ul style="list-style-type: none"> • The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.
-	<ul style="list-style-type: none"> • The Mail Order guarantee includes drugs dispensed for 46 days or greater.
-	<ul style="list-style-type: none"> • 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.
-	<ul style="list-style-type: none"> • Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None.
-	<p>Rebate Specific Conditions</p> <ul style="list-style-type: none"> • Assumes implementation of United's Advantage PDL • Calculation of the guaranteed rebate amount will exclude ineligible claims including claims where the plan is not the primary payer, claims approved by formulary exception, claims not covered by Customer's benefit design or PDL, grandfathered products, claims from 340B, long term care or federal government pharmacies, consumer card or discount card program claims and direct member reimbursement claims. <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 • if the percentage of enrolled pharmacy members with coverage access to authorized brand alternatives exceeds 46% • in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates • if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates • if Customer changes or does not elect an Incented plan design • United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type. • Specialty rebates are included in the guaranteed retail per-script rebates above. • Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement. • If Customer terminates pharmacy benefit services with United prior to 12/31/2023, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services. • Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None. • Vaccines are excluded from the claim counts. <p>General Conditions</p> <ul style="list-style-type: none"> • All pricing guarantees shall remain in effect for the entire contract period of 01/01/2021 through 12/31/2023 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.

	<ul style="list-style-type: none"> • 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. • In the event vaccines are covered under the pharmacy benefit, vaccines will be excluded from the discount, dispense fee and rebate 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 1,602 Employees and 3,530 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions. • The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount. • All pricing guarantees require the selection of United as the exclusive mail provider. <p>United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates prior to the end of the Pharmacy Pricing Term.</p> <ul style="list-style-type: none"> • United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our initial quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that facilitates steering members to different drugs or pharmacies to the extent these services impact the financial guarantees under this Agreement.
TRRX (03/2020)	

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.
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.

	<ul style="list-style-type: none"> 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). 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) 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	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	14.5%	INFLAMMATORY CONDITIONS	RIDAURA	14.1%
ANEMIA	EPOGEN	13.3%	INFLAMMATORY CONDITIONS	RINVOQ	14.1%
ANEMIA	PROCRT	13.6%	INFLAMMATORY CONDITIONS	SILIQ	11.4%
ANEMIA	RETACRIT	14.1%	INFLAMMATORY CONDITIONS	SIMPONI	14.1%
ANTICONVULSANT	DIACOMIT	12.5%	INFLAMMATORY CONDITIONS	SKYRIZI	12.5%
ANTICONVULSANT	EPIDIOLEX	12.5%	INFLAMMATORY CONDITIONS	STELARA	14.1%
ANTIHYPERLIPIDEMIC	JUXTAPID	13.2%	INFLAMMATORY CONDITIONS	TALTZ	11.4%
ANTI-INFECTIVE	ARIKAYCE	13.0%	INFLAMMATORY CONDITIONS	TREMFYA	14.1%
ANTI-INFECTIVE	DARAPRIM	12.5%	INFLAMMATORY CONDITIONS	XELJANZ	14.1%
ASTHMA	NUCALA	14.5%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.1%
CARDIOVASCULAR	NORTHERA	14.0%	IRON OVERLOAD	DEFERASIROX	33.1%
CARDIOVASCULAR	VYNDAMAX	12.5%	IRON OVERLOAD	EXJADE	12.1%
CARDIOVASCULAR	VYNDAQEL	12.5%	IRON OVERLOAD	FERRIPROX	12.5%
CNS AGENTS	AUSTEDO	12.5%	IRON OVERLOAD	JADENU	13.5%
CNS AGENTS	FIRDAPSE	10.4%	LIVER DISEASE	OCALIVA	15.0%
CNS AGENTS	HETLIOZ	14.0%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	13.5%
CNS AGENTS	INGREZZA	13.0%	MOOD DISORDER DRUGS	SPRAVATO	13.5%
CNS AGENTS	RILUTEK	13.5%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
CNS AGENTS	RILUZOLE	92.6%	MULTIPLE SCLEROSIS	AUBAGIO	12.5%
CNS AGENTS	RUZURGI	11.4%	MULTIPLE SCLEROSIS	AVONEX	14.0%
CNS AGENTS	SABRIL	16.1%	MULTIPLE SCLEROSIS	BETASERON	14.1%
CNS AGENTS	TETRABENAZINE	41.3%	MULTIPLE SCLEROSIS	COPAXONE	14.7%
CNS AGENTS	TIGLUTIK	6.0%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	38.2%
CNS AGENTS	VIGABATRIN	17.6%	MULTIPLE SCLEROSIS	EXTAVIA	14.1%
CNS AGENTS	VIGADRONE	16.6%	MULTIPLE SCLEROSIS	GILENYA	14.0%
CNS AGENTS	XENAZINE	15.5%	MULTIPLE SCLEROSIS	GLATIRAMER	69.7%

CNS AGENTS	XYREM	6.3%	MULTIPLE SCLEROSIS	GLATOPA	69.1%
CYSTIC FIBROSIS	BETHKIS	11.4%	MULTIPLE SCLEROSIS	MAVENCLAD	14.0%
CYSTIC FIBROSIS	CAYSTON	14.5%	MULTIPLE SCLEROSIS	MAYZENT	12.5%
CYSTIC FIBROSIS	KALYDECO	13.5%	MULTIPLE SCLEROSIS	PLEGRIDY	13.5%
CYSTIC FIBROSIS	KITABIS PAK	12.5%	MULTIPLE SCLEROSIS	REBIF	14.0%
CYSTIC FIBROSIS	ORKAMBI	13.5%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	14.0%
CYSTIC FIBROSIS	PULMOZYME	15.0%	MULTIPLE SCLEROSIS	TECFIDERA	14.0%
CYSTIC FIBROSIS	SYMDEKO	13.5%	NEUTROPENIA	FULPHILA	13.8%
CYSTIC FIBROSIS	TOBI	13.8%	NEUTROPENIA	GRANIX	13.8%
CYSTIC FIBROSIS	TOBI PODHALER	13.8%	NEUTROPENIA	LEUKINE	13.8%
CYSTIC FIBROSIS	TOBRAMYCIN	37.2%	NEUTROPENIA	NEULASTA	13.8%
ENDOCRINE	BUPHENYL	14.8%	NEUTROPENIA	NEUPOGEN	13.8%
ENDOCRINE	CARBAGLU	7.3%	NEUTROPENIA	NIVESTYM	13.8%
ENDOCRINE	CHENODAL	9.4%	NEUTROPENIA	UDENYCA	13.8%
ENDOCRINE	CUPRIMINE	14.1%	NEUTROPENIA	ZARXIO	13.8%
ENDOCRINE	CYSTADANE	10.4%	ONCOLOGY - INJECTABLE	ELIGARD	12.6%
ENDOCRINE	CYSTARAN	13.0%	ONCOLOGY - INJECTABLE	INTRON A	13.5%
ENDOCRINE	DEPEN TITRATABS	14.0%	ONCOLOGY - INJECTABLE	LEUPROLIDE	48.5%
ENDOCRINE	D-PENAMINE	13.0%	ONCOLOGY - INJECTABLE	SYLATRON	13.5%
ENDOCRINE	EGRIFTA	13.5%	ONCOLOGY - INJECTABLE	SYNRIBO	11.4%
ENDOCRINE	FIRMAGON	13.5%	ONCOLOGY - ORAL	ABIRATERONE	33.1%
ENDOCRINE	GATTEX	14.8%	ONCOLOGY - ORAL	AFINITOR	14.1%
ENDOCRINE	H.P. ACTHAR	13.5%	ONCOLOGY - ORAL	AFINITOR DISPERZ	14.1%
ENDOCRINE	JYNARQUE	12.5%	ONCOLOGY - ORAL	ALECENSA	14.1%
ENDOCRINE	KEVEYIS	13.0%	ONCOLOGY - ORAL	ALKERAN	15.4%
ENDOCRINE	KORLYM	11.4%	ONCOLOGY - ORAL	ALUNBRIG	11.9%
ENDOCRINE	KUVAN	12.7%	ONCOLOGY - ORAL	BALVERSA	13.5%
ENDOCRINE	MYALEPT	7.3%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
ENDOCRINE	NATPARA	13.2%	ONCOLOGY - ORAL	BOSULIF	13.5%
ENDOCRINE	NITYR	11.9%	ONCOLOGY - ORAL	BRAFTOVI	14.0%
ENDOCRINE	OCTREOTIDE ACETATE	56.8%	ONCOLOGY - ORAL	CABOMETYX	12.5%
ENDOCRINE	PENICILLAMINE	24.0%	ONCOLOGY - ORAL	CALQUENCE	13.5%
ENDOCRINE	PROCYSBI	7.3%	ONCOLOGY - ORAL	CAPECITABINE	33.1%
ENDOCRINE	RAVICTI	15.0%	ONCOLOGY - ORAL	CAPRELSA	9.4%
ENDOCRINE	SAMSCA	13.5%	ONCOLOGY - ORAL	COMETRIQ	10.9%
ENDOCRINE	SANDOSTATIN	13.8%	ONCOLOGY - ORAL	COPIKTRA	14.5%

ENDOCRINE	SIGNIFOR	7.3%	ONCOLOGY - ORAL	COTELLIC	12.5%
ENDOCRINE	SODIUM PHENYLBUTYRATE	33.1%	ONCOLOGY - ORAL	DAURISMO	12.5%
ENDOCRINE	SOMATULINE DEPOT	13.5%	ONCOLOGY - ORAL	ERIVEDGE	12.5%
ENDOCRINE	SOMAVERT	10.6%	ONCOLOGY - ORAL	ERLEADA	13.5%
ENDOCRINE	SYPRINE	13.5%	ONCOLOGY - ORAL	ERLOTINIB	33.1%
ENDOCRINE	THIOLA	11.4%	ONCOLOGY - ORAL	ETOPOSIDE	13.5%
ENDOCRINE	TRIENTINE	47.2%	ONCOLOGY - ORAL	FARYDAK	11.4%
ENDOCRINE	XERMELO	13.0%	ONCOLOGY - ORAL	GILOTTRIF	7.3%
ENDOCRINE	XURIDEN	12.5%	ONCOLOGY - ORAL	GLEEVEC	15.4%
ENZYME DEFICIENCY	CHOLBAM	4.2%	ONCOLOGY - ORAL	GLEOSTINE	15.4%
ENZYME DEFICIENCY	CYSTAGON	10.9%	ONCOLOGY - ORAL	HYCANTIN	14.8%
ENZYME DEFICIENCY	GALAFOLD	14.0%	ONCOLOGY - ORAL	IBRANCE	13.0%
ENZYME DEFICIENCY	MIGLUSTAT	33.1%	ONCOLOGY - ORAL	ICLUSIG	12.7%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	IDHIFA	14.5%
ENZYME DEFICIENCY	PALYNZIQ	11.4%	ONCOLOGY - ORAL	IMATINIB MESYLATE	84.6%
ENZYME DEFICIENCY	STRENSIQ	11.3%	ONCOLOGY - ORAL	IMBRUVICA	14.0%
ENZYME DEFICIENCY	SUCRAID	12.2%	ONCOLOGY - ORAL	INLYTA	13.6%
ENZYME DEFICIENCY	TEGSEDI	7.3%	ONCOLOGY - ORAL	INREBIC	12.5%
ENZYME DEFICIENCY	ZAVESCA	7.3%	ONCOLOGY - ORAL	IRESSA	14.5%
GAUCHERS DISEASE	CERDELGA	13.5%	ONCOLOGY - ORAL	JAKAFI	12.5%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	14.1%	ONCOLOGY - ORAL	KISQALI	14.5%
GROWTH HORMONE DEFICIENCY	HUMATROPE	14.7%	ONCOLOGY - ORAL	KISQALI FEMARA	15.0%
GROWTH HORMONE DEFICIENCY	INCRELEX	13.5%	ONCOLOGY - ORAL	LENVIMA	14.5%
GROWTH HORMONE DEFICIENCY	NORDITROPIN	16.0%	ONCOLOGY - ORAL	LONSURF	12.5%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	14.2%	ONCOLOGY - ORAL	LORBRENA	11.4%
GROWTH HORMONE DEFICIENCY	OMNITROPE	14.5%	ONCOLOGY - ORAL	LYNPARZA	12.2%
GROWTH HORMONE DEFICIENCY	SAIZEN	17.5%	ONCOLOGY - ORAL	MATULANE	13.0%
GROWTH HORMONE DEFICIENCY	SEROSTIM	13.5%	ONCOLOGY - ORAL	MEKINIST	11.4%
GROWTH HORMONE DEFICIENCY	ZOMACTON	14.7%	ONCOLOGY - ORAL	MEKTOVI	14.0%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	13.0%	ONCOLOGY - ORAL	MELPHALAN	33.1%
HEMATOLOGIC	BERINERT	12.5%	ONCOLOGY - ORAL	MESNEX	14.0%
HEMATOLOGIC	CABLIVI	13.5%	ONCOLOGY - ORAL	NERLYNX	14.3%
HEMATOLOGIC	CINRYZE	14.5%	ONCOLOGY - ORAL	NEXAVAR	12.5%
HEMATOLOGIC	DOPTelet	13.5%	ONCOLOGY - ORAL	NILANDRON	15.0%

HEMATOLOGIC	FIRAZYR	13.5%	ONCOLOGY - ORAL	NILUTAMIDE	27.9%
HEMATOLOGIC	HAEGARDA	12.5%	ONCOLOGY - ORAL	NINLARO	13.5%
HEMATOLOGIC	ICATIBANT	13.5%	ONCOLOGY - ORAL	NUBEQA	12.5%
HEMATOLOGIC	MOZOBIL	13.5%	ONCOLOGY - ORAL	ODOMZO	13.8%
HEMATOLOGIC	MULPLETA	13.5%	ONCOLOGY - ORAL	PIQRAY	11.9%
HEMATOLOGIC	PROMACTA	13.5%	ONCOLOGY - ORAL	POMALYST	13.0%
HEMATOLOGIC	RUCONEST	13.2%	ONCOLOGY - ORAL	PURIXAN	12.5%
HEMATOLOGIC	TAKHZYRO	13.5%	ONCOLOGY - ORAL	REVLIMID	14.8%
HEMATOLOGIC	TAVALISSE	13.5%	ONCOLOGY - ORAL	ROZLYTREK	15.4%
HEMOPHILIA - INFUSED	ADVATE	43.2%	ONCOLOGY - ORAL	RUBRACA	14.5%
HEMOPHILIA - INFUSED	ADYNOVATE	34.1%	ONCOLOGY - ORAL	RYDAPT	15.4%
HEMOPHILIA - INFUSED	AFSTYLA	34.0%	ONCOLOGY - ORAL	SPRYCEL	15.4%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	42.0%	ONCOLOGY - ORAL	STIVARGA	11.9%
HEMOPHILIA - INFUSED	ALPHANINE SD	49.3%	ONCOLOGY - ORAL	SUTENT	14.8%
HEMOPHILIA - INFUSED	ALPROLIX	13.5%	ONCOLOGY - ORAL	TABLOID	15.4%
HEMOPHILIA - INFUSED	BENEFIX	14.5%	ONCOLOGY - ORAL	TAFINLAR	13.5%
HEMOPHILIA - INFUSED	COAGADEX	30.0%	ONCOLOGY - ORAL	TAGRISSO	13.5%
HEMOPHILIA - INFUSED	CORIFACT	27.9%	ONCOLOGY - ORAL	TALZENNA	13.5%
HEMOPHILIA - INFUSED	ELOCTATE	27.9%	ONCOLOGY - ORAL	TARCEVA	15.3%
HEMOPHILIA - INFUSED	FEIBA	40.2%	ONCOLOGY - ORAL	TARGRETIN	14.0%
HEMOPHILIA - INFUSED	HEMOFIL M	44.4%	ONCOLOGY - ORAL	TASIGNA	13.5%
HEMOPHILIA - INFUSED	HUMATE-P	37.1%	ONCOLOGY - ORAL	TEMODAR	14.8%
HEMOPHILIA - INFUSED	IDELVION	13.5%	ONCOLOGY - ORAL	TEMOZOLOMIDE	51.6%
HEMOPHILIA - INFUSED	IXINITY	13.5%	ONCOLOGY - ORAL	THALOMID	14.8%
HEMOPHILIA - INFUSED	JIVI	22.8%	ONCOLOGY - ORAL	TIBSOVO	13.5%
HEMOPHILIA - INFUSED	KOATE	42.3%	ONCOLOGY - ORAL	TRETINOIN	44.2%
HEMOPHILIA - INFUSED	KOATE-DVI	42.3%	ONCOLOGY - ORAL	TURALIO	14.0%
HEMOPHILIA - INFUSED	KOGENATE FS	47.3%	ONCOLOGY - ORAL	TYKERB	14.8%
HEMOPHILIA - INFUSED	KOVALTRY	45.7%	ONCOLOGY - ORAL	VENCLEXTA	12.5%
HEMOPHILIA - INFUSED	MONONINE	31.4%	ONCOLOGY - ORAL	VERZENIO	13.0%
HEMOPHILIA - INFUSED	NOVOEIGHT	44.3%	ONCOLOGY - ORAL	VITRAKVI	14.5%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	38.3%	ONCOLOGY - ORAL	VIZIMPRO	8.3%
HEMOPHILIA - INFUSED	NUWIQ	48.2%	ONCOLOGY - ORAL	VOTRIENT	13.5%
HEMOPHILIA - INFUSED	PROFILNINE	30.0%	ONCOLOGY - ORAL	XALKORI	11.9%

HEMOPHILIA - INFUSED	REBINYN	17.6%	ONCOLOGY - ORAL	XELODA	15.4%
HEMOPHILIA - INFUSED	RECOMBINATE	41.3%	ONCOLOGY - ORAL	XOSPATA	14.5%
HEMOPHILIA - INFUSED	RIXUBIS	13.7%	ONCOLOGY - ORAL	XPOVIO	14.3%
HEMOPHILIA - INFUSED	TRETTEN	14.4%	ONCOLOGY - ORAL	XTANDI	13.5%
HEMOPHILIA - INFUSED	VONVENDI	11.9%	ONCOLOGY - ORAL	YONSA	13.5%
HEMOPHILIA - INFUSED	WILATE	42.3%	ONCOLOGY - ORAL	ZEJULA	13.7%
HEMOPHILIA - INFUSED	XYNTHA	38.4%	ONCOLOGY - ORAL	ZELBORAF	13.0%
HEMOPHILIA - INJECTABLE	HEMLIBRA	12.5%	ONCOLOGY - ORAL	ZOLINZA	14.8%
HEPATITIS B	ADEFOVIR DIPIVOXIL	33.1%	ONCOLOGY - ORAL	ZYDELIG	14.5%
HEPATITIS B	BARACLUDE	13.8%	ONCOLOGY - ORAL	ZYKADIA	13.0%
HEPATITIS B	ENTECAVIR	61.5%	ONCOLOGY - ORAL	ZYTIGA	13.5%
HEPATITIS B	EPIVIR HBV	14.3%	ONCOLOGY - TOPICAL	TARGRETIN	14.0%
HEPATITIS B	HEPSERA	13.7%	ONCOLOGY - TOPICAL	VALCHLOR	9.9%
HEPATITIS B	LAMIVUDINE HBV	33.1%	OPHTHALMIC	OXERVATE	12.5%
HEPATITIS B	VEMLIDY	13.3%	OSTEOPOROSIS	FORTEO	13.9%
HEPATITIS C	EPCLUSA	14.0%	OSTEOPOROSIS	TYMLOS	13.3%
HEPATITIS C	HARVONI	15.0%	PARKINSONS DISEASE	APOKYN	11.5%
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	15.0%	PARKINSONS DISEASE	INBRIJA	9.4%
HEPATITIS C	MAVYRET	14.0%	PULMONARY DISEASE	ESBRIET	13.5%
HEPATITIS C	PEGASYS	16.5%	PULMONARY DISEASE	OFEV	12.5%
HEPATITIS C	PEGINTRON	17.5%	PULMONARY HYPERTENSION	ADCIRCA	13.5%
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	14.0%	PULMONARY HYPERTENSION	ADEMPAS	13.5%
HEPATITIS C	SOVALDI	14.0%	PULMONARY HYPERTENSION	ALYQ	58.8%
HEPATITIS C	VIEKIRA PAK	13.5%	PULMONARY HYPERTENSION	AMBRISENTAN	33.1%
HEPATITIS C	VOSEVI	14.0%	PULMONARY HYPERTENSION	BOSENTAN	33.1%
HEPATITIS C	ZEPATIER	13.9%	PULMONARY HYPERTENSION	LETAIRIS	12.7%
IMMUNE MODULATOR	ACTIMMUNE	14.3%	PULMONARY HYPERTENSION	OPSUMIT	12.7%
IMMUNE MODULATOR	ARCALYST	15.0%	PULMONARY HYPERTENSION	ORENITRAM	13.5%
INFERTILITY	CETROTIDE	17.1%	PULMONARY HYPERTENSION	REVATIO	13.3%
INFERTILITY	CHORIONIC GONADOTROPIN	33.1%	PULMONARY HYPERTENSION	SILDENAFIL	95.7%
INFERTILITY	FOLLISTIM AQ	15.5%	PULMONARY HYPERTENSION	TADALAFIL	33.1%
INFERTILITY	GANIRELIX ACETATE	15.5%	PULMONARY HYPERTENSION	TRACLEER	13.5%
INFERTILITY	GONAL-F	23.8%	PULMONARY HYPERTENSION	TYVASO	13.0%
INFERTILITY	GONAL-F RFF	22.8%	PULMONARY HYPERTENSION	UPTRAVI	14.8%
INFERTILITY	MENOPUR	16.1%	PULMONARY HYPERTENSION	VENTAVIS*	13.0%

INFERTILITY	NOVAREL	15.0%	TRANSPLANT	ASTAGRAF XL	14.1%
INFERTILITY	OVIDREL	17.1%	TRANSPLANT	CELLCEPT	13.4%
INFERTILITY	PREGNYL	14.5%	TRANSPLANT	CYCLOSPORINE	51.8%
INFLAMMATORY CONDITIONS	ACTEMRA	14.2%	TRANSPLANT	CYCLOSPORINE MODIFIED	54.6%
INFLAMMATORY CONDITIONS	CIMZIA	15.5%	TRANSPLANT	ENVARUS XR	13.5%
INFLAMMATORY CONDITIONS	COSENTYX	13.5%	TRANSPLANT	GENGRAF	71.7%
INFLAMMATORY CONDITIONS	DUPIXENT	14.1%	TRANSPLANT	MYCOPHENOLATE MOFETIL	93.4%
INFLAMMATORY CONDITIONS	EMFLAZA	10.9%	TRANSPLANT	MYCOPHENOLIC ACID DR	33.1%
INFLAMMATORY CONDITIONS	ENBREL	14.0%	TRANSPLANT	MYFORTIC	14.3%
INFLAMMATORY CONDITIONS	HUMIRA	15.5%	TRANSPLANT	NEORAL	23.9%
INFLAMMATORY CONDITIONS	ILUMYA	14.1%	TRANSPLANT	PROGRAF	14.1%
INFLAMMATORY CONDITIONS	KEVZARA	9.9%	TRANSPLANT	RAPAMUNE	14.3%
INFLAMMATORY CONDITIONS	KINERET	13.5%	TRANSPLANT	SANDIMMUNE	27.2%
INFLAMMATORY CONDITIONS	OLUMIANT	12.5%	TRANSPLANT	SIROLIMUS	33.1%
INFLAMMATORY CONDITIONS	ORENCIA	14.2%	TRANSPLANT	TACROLIMUS	79.1%
INFLAMMATORY CONDITIONS	OTEZLA	13.5%	TRANSPLANT	ZORTRESS	13.5%

*Includes Nebulizer

3/2020

Agenda item 23, cc 12.22.2020, United Healthcare Services, Inc. Amendment No. 4 - 1.1.2021

Final Audit Report

2020-12-22

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