

FINANCIAL RENEWAL AND TERMS AMENDMENT NO. 5

This Amendment (“Amendment”) is made to the Administrative Services Agreement (“Agreement”) by and between United HealthCare Services, Inc. (“United”) and Williamson County (“Customer”), Contract No. 911463, and is effective on January 1, 2022 unless otherwise specified.

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

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

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

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

Williamson County

By 
Bill Gravell (Dec 8, 2021 02:52 CST)

Authorized Signature

Print Name Bill Gravell

Print Title County Judge

Date Dec 8, 2021

United HealthCare Services, Inc.

By 

Authorized Signature

Print Name Holly Durinick

Print Title Regional Contract Manager

Date 11/30/2021

Renewal 4Q 2020

The Administrative Services Agreement is amended on the Effective Date as noted below.

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

Effective January 1, 2022, the definition of Proprietary Business Information in Section 1 – Definitions is replaced in its entirety with the following definition:

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

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

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

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

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

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

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

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

EXHIBIT B - FEES

Contract Number 911463

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

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

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

Standard Medical Service Fees

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

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

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

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

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

Average Contract Size: 2.18

Pharmacy AWP Contract Rate

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

Payment Integrity Services

| Service Description | Fee |
|---|---|
| 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 |
| 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. |
| Focused Claim Review <ul style="list-style-type: none">• Review of claims for inappropriate billing of services not documented in clinical notes.• Board certified, same-specialty medical directors. | Fee not to exceed 22% of the gross recovery amount. |

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| Pre-adjudicated claims or post-adjudicated claims. | |
| Fraud, Waste, and Abuse Management <ul style="list-style-type: none"> Detection and recovery of wasteful, abusive, and/or fraudulent claims. Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review. Pre-adjudicated claims or post-adjudicated claims. | Fee not to exceed 22% of the gross recovery or prevented amount |
| 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 |
| Litigation and Arbitration Fees for Recoveries <ul style="list-style-type: none"> Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities. Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process. Pre-adjudicated claims or post-adjudication claims. | Outside attorneys' fees and costs or administrative process fees will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit). |
| Third Party Liability (Subrogation and Injury Coverage Coordination) <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. |

Other Fees

| Service Description | Fee |
|--|--|
| Naviguard | Customer will pay a fee equal to \$2.50 per Employee per month. |
| External Reviews | If and when applicable, for each subsequent external review beyond the limited number of free reviews based upon Customer's total enrollment, a fee of \$500 will apply per review. |
| Pharmacy Benefit Rebates - Termination | Pursuant to the termination section of the Agreement, if Customer terminates the Pharmacy Benefit Services portion of this Agreement only during the Term of the Agreement and termination is for any reason other than for cause, United may retain all Rebates that have not been remitted to Customer as of the effective date of such termination. |
| Consolidated Appropriations Act, 2021 ("CAA") Support Services. United will support Customer's compliance with the requirements of the CAA, including the No Surprises Act ("NSA"), by the respective enforcement date as follows: <ul style="list-style-type: none"> NSA medical billing and the independent dispute resolution ("IDR"): <ul style="list-style-type: none"> United will determine if a claim is subject to the NSA billing protections. | For the 2022 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. Customer remains responsible for the \$50 government agency administration assessment and fees charged by the IDR arbitrator. |

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| <ul style="list-style-type: none"> ○ If United and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, United will manage, direct, and make decisions and submissions to support the IDR for Customer. ○ All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administered by United. ○ United will not be using third party provider networks for services covered by the NSA. ○ The fees for programs in which the parties share in the savings achieved off a provider's billed charge will continue to apply to all services covered under the NSA. ○ Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account. ○ Customer shall fund the \$50 IDR administration fee and all IDR arbitrator fees through the Bank Account. ● Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently). ● Provider directory enhancements. ● Continuity of care and external appeals support for surprise medical bills. ● Support related to Mental Health Parity Non-Quantified Treatment Limitations audits initiated by the U.S. Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury. ● Provide language to support Customer's anti-gag clause attestation requirement. | |
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Wellness Allowance

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

\$40,000 Wellness allowance

Other

A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount) by a United affiliate.

Flexible Spending Account Administration

Contract No.: 911765

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

| 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 |
| Health Care Spending Card | Included in the total FSA cost |
| Nondiscrimination testing | \$500 per occurrence |

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

| | 1/1/2018 | 1/1/2019 | 1/1/2020 | 1/1/2021 | 1/1/2022 |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|
| <i>COBRA and/or Direct Billing Set Up and Maintenance</i> | \$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 |
| <i>COBRA Services</i> | | | | | |
| Ongoing COBRA Continuant Per Month Charge | Included | Included | Included | Included | Included |
| Qualifying Event Notifications: Qualifying Event Services (fee per Qualifying Event -- includes distribution of Qualifying Event notices and election forms via proof of mail with instructions, and processing of enrollment forms returned) | Included | Included | Included | Included | Included |
| Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month) | Included | Included | Included | Included | Included |
| COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification | Included | Included | Included | Included | Included |
| Women's Health Cancer Rights Act (WHCRA) Notices (per notice) | Included | Included | Included | Included | Included |
| Texas State Continuation Notification (per notice) | Included | Included | Included | Included | Included |
| Past Due Notices to 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 |
|---|--------|--------|--------|--------|--------|

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|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Post-COBRA HIPAA Certificates of Coverage on outside COBRA members (per certificate)* | \$3.00 | \$3.00 | \$3.00 | \$3.00 | \$3.00 |
| HIPAA Privacy Notices (per notice) | \$3.00 | \$3.00 | \$3.00 | \$3.00 | \$3.00 |
| Medicare-D Notifications | \$0.95 | \$0.95 | \$0.95 | \$0.95 | \$0.95 |
| Open Enrollment Services | | | | | |
| Open Enrollment Service (per person) Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client <i>*There is a \$100 minimum for Open Enrollment Services</i> | \$8.00 Plus Postage | \$8.00 Plus Postage | \$8.00 Plus Postage | \$8.00 Plus Postage | \$8.00 Plus Postage |
| *We provide these certificates through our internal processes as part of standard services for UnitedHealthcare <u>members</u> . | | | | | |

EXHIBIT C – PERFORMANCE GUARANTEES FOR HEALTH BENEFITS

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, as described in Exhibit B), (hereinafter referred to as “Fees”) payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the performance guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees apply to medical benefits and are effective for the period beginning January 1, 2022 through December 31, 2022 (“Guarantee Period”). With respect to the aspects of United’s performance addressed in this exhibit, these fee adjustments are Customer’s exclusive financial remedies.

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

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

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

| Claim Operations | | | |
|----------------------------|--|---------------|----------|
| Time to Process in 10 Days | | | |
| Definition | The percentage of all claims United receives will be processed within the designated number of business days of receipt. | | |
| Measurement | Percentage of claims processed | | 94% |
| | Time to process, in business days or less after receipt of claim | business days | 10 |
| Criteria | 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 | | |

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

| | | | | |
|-----------------------------------|--|--------------------|--------------------|--------------------|
| | Retail Generic - 30 Day | | | \$0.55 |
| | Retail Generic -- 90 Day | | | \$0.15 |
| | Supply | | | |
| | 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% |
| - | Basis, per script | | | Brand |
| - | Retail - 30 and 90 Day | | | \$284.81 |
| - | Mail Order | | | \$479.48 |
| - | Specialty | Included In Retail | Included In Retail | Included In Retail |
| | Fees | | | |
| | Variable Copay program (monthly, per eligible member) | | | \$0.45 |
| Level | Customer Specific | | | |
| Period | Annually | | | |
| Payment Period | Annually | | | |
| Payment Amount -- Discounts | The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount. | | | |
| Payment Amount -- Dispensing Fees | The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee. | | | |
| Payment Amount -- Rebates | The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount. | | | |
| Conditions | 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.• The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims.• The Arrangement excludes vaccines.• The Arrangement includes usual & customary claims, 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.• The Mail Order guarantee includes drugs dispensed for 46 days or greater.• Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees.• Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None. Rebate Specific Conditions <ul style="list-style-type: none">• Assumes implementation of United's Advantage PDL | | | |

- Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
 - Calculation of the guaranteed rebate amount will exclude ineligible claims including claims where the plan is not the primary payer, claims approved by formulary exception, claims not covered by Customer's benefit design or PDL, claims from 340B, long term care or federal government pharmacies, claims for non-FDA approved products, compound drugs, consumer card or discount card program claims and direct member reimbursement claims.
 - Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of rebates available due to the introduction of any new product (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of WAC on a Brand Drug subject to Rebates.
- United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:
- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
 - in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
 - if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
 - if Customer changes or does not elect an incented plan design
 - United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type.
 - Specialty rebates are included in the guaranteed retail per-script rebates above.
 - Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
 - If Customer terminates pharmacy benefit services with United prior to 12/31/2022, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.
 - Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.
 - Vaccines are excluded from the claim counts.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2022 through 12/31/2022 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
- Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
- On mail order drugs, specialty drugs, and retail pharmacy drugs and services including dispensing fees, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 1,564 Employees and 3,411 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United as the exclusive mail provider.

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| | <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. |
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| 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 | <p>Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below.</p> <p>Specialty drugs not included on the list below and dispensed through United's specialty Pharmacy Network will be guaranteed at a discount of 14.0%.</p> |
| Criteria | <p>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.</p> <p>The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate 14.0% discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.</p> |
| 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. • 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 | KEVZARA | 9.9% |
| ANEMIA | EPOGEN | 13.3% | INFLAMMATORY CONDITIONS | KINERET | 13.5% |
| ANEMIA | PROCRIT | 13.6% | INFLAMMATORY CONDITIONS | OLUMIANT | 12.5% |
| ANEMIA | RETACRIT | 14.1% | INFLAMMATORY CONDITIONS | ORENCIA | 14.2% |
| ANTICONVULSANT | DIACOMIT | 12.5% | INFLAMMATORY CONDITIONS | OTEZLA | 13.5% |
| ANTICONVULSANT | EPIDIOLEX | 12.5% | INFLAMMATORY CONDITIONS | RIDAURA | 14.1% |
| ANTICONVULSANT | FINTEPLA | 10.4% | INFLAMMATORY CONDITIONS | RINVOQ | 14.1% |
| ANTIHYPERLIPIDEMIC | JUXTAPID | 13.2% | INFLAMMATORY CONDITIONS | SILIQ | 11.4% |
| ANTI-INFECTIVE | ARIKAYCE | 13.0% | INFLAMMATORY CONDITIONS | SIMPONI | 14.1% |
| ANTI-INFECTIVE | DARAPRIM | 12.5% | INFLAMMATORY CONDITIONS | SKYRIZI | 18.1% |
| ANTI-INFECTIVE | PYRIMETHAMINE | 12.5% | INFLAMMATORY CONDITIONS | STELARA | 14.1% |
| ASTHMA | FASENRA | 12.5% | INFLAMMATORY CONDITIONS | TALTZ | 11.4% |
| ASTHMA | NUCALA | 12.5% | INFLAMMATORY CONDITIONS | TREMFYA | 14.1% |
| CARDIOVASCULAR | NORTHERA | 14.0% | INFLAMMATORY CONDITIONS | XELJANZ | 14.1% |
| CARDIOVASCULAR | VYNDAMAX | 15.2% | INFLAMMATORY CONDITIONS | XELJANZ XR | 14.1% |
| CARDIOVASCULAR | VYNDAREL | 12.5% | IRON OVERLOAD | DEFERASIROX | 38.2% |
| CNS AGENTS | AUSTEDO | 12.5% | IRON OVERLOAD | EXJADE | 12.1% |
| CNS AGENTS | ENSPRYNG | 11.9% | IRON OVERLOAD | FERRIPROX | 12.5% |
| CNS AGENTS | FIRDAPSE | 10.4% | IRON OVERLOAD | JADENU | 13.5% |
| CNS AGENTS | HETLIOZ | 14.0% | LIVER DISEASE | OICALIVA | 15.0% |
| CNS AGENTS | INGREZZA | 13.0% | MONOCLONAL ANTIBODY MISCELLANEOUS | BENLYSTA | 13.5% |
| CNS AGENTS | RILUTEK | 13.5% | MOOD DISORDER DRUGS | SPRAVATO | 13.5% |
| CNS AGENTS | RILUZOLE | 92.6% | MULTIPLE SCLEROSIS | AMPYRA | 11.7% |
| CNS AGENTS | RUZURGI | 11.4% | MULTIPLE SCLEROSIS | AUBAGIO | 12.5% |
| CNS AGENTS | SABRIL | 16.1% | MULTIPLE SCLEROSIS | AVONEX | 14.0% |
| CNS AGENTS | TETRABENAZINE | 46.4% | MULTIPLE SCLEROSIS | BAFIERTAM | 14.0% |
| CNS AGENTS | TIGLUTIK | 6.0% | MULTIPLE SCLEROSIS | BETASERON | 14.1% |
| CNS AGENTS | VIGABATRIN | 17.6% | MULTIPLE SCLEROSIS | COPAXONE | 14.7% |
| CNS AGENTS | VIGADRONE | 16.6% | MULTIPLE SCLEROSIS | DALFAMPRIDIN | 92.8% |
| CNS AGENTS | XENAZINE | 15.5% | MULTIPLE SCLEROSIS | DIMETHYL FUMARATE | 61.9% |
| CNS AGENTS | XYREM | 6.3% | MULTIPLE SCLEROSIS | EXTAVIA | 14.1% |

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|-----------------|--------------------|-------|------------------------|------------------|-------|
| CNS AGENTS | XYWAV | 7.3% | MULTIPLE SCLEROSIS | GILENYA | 14.0% |
| CYSTIC FIBROSIS | BETHKIS | 11.4% | MULTIPLE SCLEROSIS | GLATIRAMER | 69.7% |
| CYSTIC FIBROSIS | CAYSTON | 14.5% | MULTIPLE SCLEROSIS | GLATOPA | 69.1% |
| CYSTIC FIBROSIS | KALYDECO | 13.5% | MULTIPLE SCLEROSIS | KESIMPTA | 14.0% |
| CYSTIC FIBROSIS | KITABIS PAK | 12.5% | MULTIPLE SCLEROSIS | MAVENCLAD | 14.0% |
| CYSTIC FIBROSIS | ORKAMBI | 13.5% | MULTIPLE SCLEROSIS | MAYZENT | 12.5% |
| CYSTIC FIBROSIS | PULMOZYME | 15.0% | MULTIPLE SCLEROSIS | PLEGRIDY | 13.5% |
| CYSTIC FIBROSIS | SYMDEKO | 13.5% | MULTIPLE SCLEROSIS | REBIF | 14.0% |
| CYSTIC FIBROSIS | TOBI | 13.8% | MULTIPLE SCLEROSIS | REBIF REBIDOSE | 14.0% |
| CYSTIC FIBROSIS | TOBI PODHALER | 13.8% | MULTIPLE SCLEROSIS | TECFIDERA | 14.0% |
| CYSTIC FIBROSIS | TOBRAMYCIN | 37.2% | MULTIPLE SCLEROSIS | VUMERITY | 12.5% |
| CYSTIC FIBROSIS | TRIKAFTA | 13.5% | MULTIPLE SCLEROSIS | ZEPOSIA | 12.5% |
| ENDOCRINE | BUPHENYL | 14.8% | MUSCULOSKELETAL AGENTS | EVRYSDI | 7.3% |
| ENDOCRINE | BYNFEZIA | 8.3% | NARCOLEPSY | WAKIX | 13.5% |
| ENDOCRINE | CARBAGLU | 7.3% | NEUTROPENIA | FULPHILA | 13.8% |
| ENDOCRINE | CHENODAL | 9.4% | NEUTROPENIA | GRANIX | 13.8% |
| ENDOCRINE | CLOVIQUE | 33.1% | NEUTROPENIA | LEUKINE | 13.8% |
| ENDOCRINE | CUPRIMINE | 14.1% | NEUTROPENIA | NEULASTA | 13.8% |
| ENDOCRINE | CYSTADANE | 10.4% | NEUTROPENIA | NEUPOGEN | 13.8% |
| ENDOCRINE | CYSTADROPS | 10.4% | NEUTROPENIA | NIVESTYM | 13.8% |
| ENDOCRINE | CYSTARAN | 13.0% | NEUTROPENIA | UDENYCA | 13.8% |
| ENDOCRINE | DEPEN TITRATABS | 14.0% | NEUTROPENIA | ZARXIO | 13.8% |
| ENDOCRINE | D-PENAMINE | 13.0% | NEUTROPENIA | ZIEXTENZO | 13.5% |
| ENDOCRINE | EGRIFTA | 13.5% | ONCOLOGY - INJECTABLE | ELIGARD | 12.6% |
| ENDOCRINE | FIRMAGON | 13.5% | ONCOLOGY - INJECTABLE | INTRON A | 13.5% |
| ENDOCRINE | GATTEX | 14.8% | ONCOLOGY - INJECTABLE | LEUPROLIDE | 52.7% |
| ENDOCRINE | H.P. ACTHAR | 13.5% | ONCOLOGY - INJECTABLE | SYLATRON | 13.5% |
| ENDOCRINE | ISTURISA | 10.4% | ONCOLOGY - INJECTABLE | SYNRIBO | 11.4% |
| ENDOCRINE | JYNARQUE | 12.5% | ONCOLOGY - ORAL | ABIRATERONE | 82.5% |
| ENDOCRINE | KEVEYIS | 13.0% | ONCOLOGY - ORAL | AFINITOR | 14.1% |
| ENDOCRINE | KORLYM | 11.4% | ONCOLOGY - ORAL | AFINITOR DISPERZ | 14.1% |
| ENDOCRINE | KUVAN | 12.7% | ONCOLOGY - ORAL | ALECENSA | 14.1% |
| ENDOCRINE | MYALEPT | 7.3% | ONCOLOGY - ORAL | ALKERAN | 15.4% |
| ENDOCRINE | NATPARA | 13.2% | ONCOLOGY - ORAL | ALUNBRIG | 11.9% |
| ENDOCRINE | NITYR | 11.9% | ONCOLOGY - ORAL | AYVAKIT | 14.5% |
| ENDOCRINE | OCTREOTIDE ACETATE | 56.8% | ONCOLOGY - ORAL | BALVERSA | 13.5% |

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|---------------------------|------------------------|-------|-----------------|-------------------|-------|
| ENDOCRINE | PENICILLAMINE | 33.1% | ONCOLOGY - ORAL | BEXAROTENE | 33.5% |
| ENDOCRINE | PROCYSBI | 7.3% | ONCOLOGY - ORAL | BOSULIF | 13.5% |
| ENDOCRINE | RAVICTI | 15.0% | ONCOLOGY - ORAL | BRAFTOVI | 14.0% |
| ENDOCRINE | SAMSCA | 13.5% | ONCOLOGY - ORAL | CABOMETYX | 12.5% |
| ENDOCRINE | SANDOSTATIN | 13.8% | ONCOLOGY - ORAL | CALQUENCE | 13.5% |
| ENDOCRINE | SAPROPTERIN | 41.3% | ONCOLOGY - ORAL | CAPECITABINE | 79.4% |
| ENDOCRINE | SIGNIFOR | 7.3% | ONCOLOGY - ORAL | CAPRELSA | 9.4% |
| ENDOCRINE | SODIUM PHENYL BUTYRATE | 33.1% | ONCOLOGY - ORAL | COMETRIQ | 10.9% |
| ENDOCRINE | SOMATULINE DEPOT | 13.5% | ONCOLOGY - ORAL | COPIKTRA | 14.5% |
| ENDOCRINE | SOMAVERT | 10.6% | ONCOLOGY - ORAL | COTELLIC | 12.5% |
| ENDOCRINE | SYPRINE | 13.5% | ONCOLOGY - ORAL | DAURISMO | 12.5% |
| ENDOCRINE | THIOLA | 11.4% | ONCOLOGY - ORAL | ERIVEDGE | 12.5% |
| ENDOCRINE | TOLVAPTAN | 33.1% | ONCOLOGY - ORAL | ERLEADA | 13.5% |
| ENDOCRINE | TRIENTINE | 84.6% | ONCOLOGY - ORAL | ERLOTINIB | 33.1% |
| ENDOCRINE | XERMELO | 13.0% | ONCOLOGY - ORAL | ETOPOSIDE | 33.1% |
| ENDOCRINE | XURIDEN | 12.5% | ONCOLOGY - ORAL | EVEROLIMUS | 45.4% |
| ENZYME DEFICIENCY | CHOLBAM | 4.2% | ONCOLOGY - ORAL | FARYDAK | 11.4% |
| ENZYME DEFICIENCY | CYSTAGON | 10.9% | ONCOLOGY - ORAL | GILOTRIF | 7.3% |
| ENZYME DEFICIENCY | GALAFOLD | 14.0% | ONCOLOGY - ORAL | GLEEVEC | 15.4% |
| ENZYME DEFICIENCY | MIGLUSTAT | 33.1% | ONCOLOGY - ORAL | GLEOSTINE | 15.4% |
| ENZYME DEFICIENCY | NITISINONE | 33.1% | ONCOLOGY - ORAL | HYCAMTIN | 14.8% |
| ENZYME DEFICIENCY | ORFADIN | 2.2% | ONCOLOGY - ORAL | IBRANCE | 13.0% |
| ENZYME DEFICIENCY | PALYNZIQ | 11.4% | ONCOLOGY - ORAL | ICLUSIG | 12.7% |
| ENZYME DEFICIENCY | STRENSIQ | 11.3% | ONCOLOGY - ORAL | IDHIFA | 14.5% |
| ENZYME DEFICIENCY | SUCRAID | 12.2% | ONCOLOGY - ORAL | IMATINIB MESYLATE | 92.3% |
| ENZYME DEFICIENCY | TEGSEDI | 7.3% | ONCOLOGY - ORAL | IMBRUVICA | 14.0% |
| ENZYME DEFICIENCY | ZAVESCA | 7.3% | ONCOLOGY - ORAL | INLYTA | 13.6% |
| GAUCHERS DISEASE | CERDELGA | 13.5% | ONCOLOGY - ORAL | INQOVI | 10.4% |
| GENETIC DISORDER | DOJOLVI | 15.0% | ONCOLOGY - ORAL | INREBIC | 12.5% |
| GROWTH HORMONE DEFICIENCY | GENOTROPIN | 14.1% | ONCOLOGY - ORAL | IRESSA | 14.5% |
| GROWTH HORMONE DEFICIENCY | HUMATROPE | 14.7% | ONCOLOGY - ORAL | JAKAFI | 12.5% |
| GROWTH HORMONE DEFICIENCY | INCRELEX | 13.5% | ONCOLOGY - ORAL | KISQALI | 14.5% |

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|---------------------------|--------------------------|-------|-----------------|----------------|-------|
| GROWTH HORMONE DEFICIENCY | NORDITROPIN | 16.0% | ONCOLOGY - ORAL | KISQALI FEMARA | 15.0% |
| GROWTH HORMONE DEFICIENCY | NUTROPIN AQ | 14.2% | ONCOLOGY - ORAL | KOSELUGO | 13.7% |
| GROWTH HORMONE DEFICIENCY | OMNITROPE | 14.5% | ONCOLOGY - ORAL | LAPATINIB | 33.1% |
| GROWTH HORMONE DEFICIENCY | SAIZEN | 17.5% | ONCOLOGY - ORAL | LENVIMA | 14.5% |
| GROWTH HORMONE DEFICIENCY | SEROSTIM | 13.5% | ONCOLOGY - ORAL | LONSURF | 12.5% |
| GROWTH HORMONE DEFICIENCY | ZOMACTON | 14.7% | ONCOLOGY - ORAL | LORBRENA | 11.4% |
| GROWTH HORMONE DEFICIENCY | ZORBTIVE | 13.0% | ONCOLOGY - ORAL | LYNPARZA | 12.2% |
| HEMATOLOGIC | BERINERT | 12.5% | ONCOLOGY - ORAL | MATULANE | 13.0% |
| HEMATOLOGIC | CABLVI | 13.5% | ONCOLOGY - ORAL | MEKINIST | 11.4% |
| HEMATOLOGIC | CINRYZE | 14.5% | ONCOLOGY - ORAL | MEKTOVI | 14.0% |
| HEMATOLOGIC | DOPTELET | 13.5% | ONCOLOGY - ORAL | MELPHALAN | 33.1% |
| HEMATOLOGIC | FIRAZYR | 13.5% | ONCOLOGY - ORAL | MESNEX | 14.0% |
| HEMATOLOGIC | HAEGARDA | 12.5% | ONCOLOGY - ORAL | NERLYNX | 14.3% |
| HEMATOLOGIC | ICATIBANT | 33.1% | ONCOLOGY - ORAL | NEXAVAR | 12.5% |
| HEMATOLOGIC | MOZOBIL | 13.5% | ONCOLOGY - ORAL | NILANDRON | 15.0% |
| HEMATOLOGIC | MULPLETA | 13.5% | ONCOLOGY - ORAL | NILUTAMIDE | 27.9% |
| HEMATOLOGIC | OXBRYTA | 11.9% | ONCOLOGY - ORAL | NINLARO | 13.5% |
| HEMATOLOGIC | PROMACTA | 13.5% | ONCOLOGY - ORAL | NUBEQA | 13.5% |
| HEMATOLOGIC | RUCONEST | 13.2% | ONCOLOGY - ORAL | ODOMZO | 13.8% |
| HEMATOLOGIC | TAKHZYRO | 13.5% | ONCOLOGY - ORAL | ONUREG | 11.9% |
| HEMATOLOGIC | TAVALISSE | 13.5% | ONCOLOGY - ORAL | PEMAZYRE | 14.0% |
| HEMOPHILIA - INFUSED | ADVATE | 43.2% | ONCOLOGY - ORAL | PIQRAY | 11.9% |
| HEMOPHILIA - INFUSED | ADYNOVATE | 34.1% | ONCOLOGY - ORAL | POMALYST | 13.0% |
| HEMOPHILIA - INFUSED | AFSTYLA | 34.0% | ONCOLOGY - ORAL | PURIXAN | 12.5% |
| HEMOPHILIA - INFUSED | ALPHANATE/VON WILLEBRAND | 42.0% | ONCOLOGY - ORAL | QINLOCK | 14.5% |
| HEMOPHILIA - INFUSED | ALPHANINE SD | 49.3% | ONCOLOGY - ORAL | RETEVMO | 12.5% |
| HEMOPHILIA - INFUSED | ALPROLIX | 13.5% | ONCOLOGY - ORAL | REVLIMID | 14.8% |
| HEMOPHILIA - INFUSED | BENEFIX | 14.5% | ONCOLOGY - ORAL | ROZLYTREK | 15.4% |
| HEMOPHILIA - INFUSED | COAGADEX | 30.0% | ONCOLOGY - ORAL | RUBRACA | 14.5% |
| HEMOPHILIA - INFUSED | CORIFACT | 27.9% | ONCOLOGY - ORAL | RYDAPT | 15.4% |

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| HEMOPHILIA - INFUSED | ELOCTATE | 27.9% | ONCOLOGY - ORAL | SPRYCEL | 15.4% |
| HEMOPHILIA - INFUSED | FEIBA | 40.2% | ONCOLOGY - ORAL | STIVARGA | 11.9% |
| HEMOPHILIA - INFUSED | HEMOFIL M | 44.4% | ONCOLOGY - ORAL | SUTENT | 14.8% |
| HEMOPHILIA - INFUSED | HUMATE-P | 37.1% | ONCOLOGY - ORAL | TABLOID | 15.4% |
| HEMOPHILIA - INFUSED | IDELVION | 13.5% | ONCOLOGY - ORAL | TABRECTA | 12.5% |
| HEMOPHILIA - INFUSED | IXINITY | 13.5% | ONCOLOGY - ORAL | TAFINLAR | 13.5% |
| HEMOPHILIA - INFUSED | JIVI | 22.8% | ONCOLOGY - ORAL | TAGRISSE | 13.5% |
| HEMOPHILIA - INFUSED | KOATE | 42.3% | ONCOLOGY - ORAL | TALZENNA | 13.5% |
| HEMOPHILIA - INFUSED | KOATE-DVI | 42.3% | ONCOLOGY - ORAL | TARCEVA | 15.3% |
| HEMOPHILIA - INFUSED | KOGENATE FS | 47.3% | ONCOLOGY - ORAL | TARGETIN | 14.0% |
| HEMOPHILIA - INFUSED | KOVALTRY | 45.7% | ONCOLOGY - ORAL | TASIGNA | 13.5% |
| HEMOPHILIA - INFUSED | MONONINE | 31.4% | ONCOLOGY - ORAL | TAZVERIK | 13.7% |
| HEMOPHILIA - INFUSED | NOVOEIGHT | 44.3% | ONCOLOGY - ORAL | TEMODAR | 14.8% |
| HEMOPHILIA - INFUSED | NOVOSEVEN RT | 38.3% | ONCOLOGY - ORAL | TEMOZOLOMIDE | 51.6% |
| HEMOPHILIA - INFUSED | NUWIQ | 48.2% | ONCOLOGY - ORAL | THALOMID | 14.8% |
| HEMOPHILIA - INFUSED | PROFILNINE | 30.0% | ONCOLOGY - ORAL | TIBSOVO | 13.5% |
| HEMOPHILIA - INFUSED | REBINYN | 17.6% | ONCOLOGY - ORAL | TRETINOIN | 84.6% |
| HEMOPHILIA - INFUSED | RECOMBINATE | 41.3% | ONCOLOGY - ORAL | TUKYSA | 13.7% |
| HEMOPHILIA - INFUSED | RIXUBIS | 13.7% | ONCOLOGY - ORAL | TURALIO | 14.0% |
| HEMOPHILIA - INFUSED | TRETEN | 14.4% | ONCOLOGY - ORAL | TYKERB | 14.8% |
| HEMOPHILIA - INFUSED | VONVENDI | 12.5% | ONCOLOGY - ORAL | VENCLEXTA | 12.5% |
| HEMOPHILIA - INFUSED | WILATE | 42.3% | ONCOLOGY - ORAL | VERZENIO | 13.0% |
| HEMOPHILIA - INFUSED | XYNTHA | 38.4% | ONCOLOGY - ORAL | VITRAKVI | 14.5% |
| HEMOPHILIA - INJECTABLE | HEMLIBRA | 12.5% | ONCOLOGY - ORAL | VIZIMPRO | 8.3% |
| HEPATITIS B | ADEFOVIR DIPVOXIL | 33.1% | ONCOLOGY - ORAL | VOTRIENT | 13.5% |
| HEPATITIS B | BARACLUDE | 13.8% | ONCOLOGY - ORAL | XALKORI | 11.9% |
| HEPATITIS B | ENTECAVIR | 61.5% | ONCOLOGY - ORAL | XELODA | 15.4% |
| HEPATITIS B | EPIVIR HBV | 14.3% | ONCOLOGY - ORAL | XOSPATA | 14.5% |
| HEPATITIS B | HEPSERA | 13.7% | ONCOLOGY - ORAL | XPOVIO | 14.3% |
| HEPATITIS B | LAMIVUDINE HBV | 33.1% | ONCOLOGY - ORAL | XTANDI | 13.5% |
| HEPATITIS B | VEMLIDY | 13.3% | ONCOLOGY - ORAL | YONSA | 13.5% |
| HEPATITIS C | EPCLUSA | 14.0% | ONCOLOGY - ORAL | ZEJULA | 13.7% |
| HEPATITIS C | HARVONI | 15.0% | ONCOLOGY - ORAL | ZELBORAF | 13.0% |
| HEPATITIS C | LEDIPASVIR/SOF OSBUVIR | 15.0% | ONCOLOGY - ORAL | ZOLINZA | 14.8% |

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| HEPATITIS C | MAVYRET | 14.0% | ONCOLOGY - ORAL | ZYDELIG | 14.5% |
| HEPATITIS C | PEGASYS | 16.5% | ONCOLOGY - ORAL | ZYKADIA | 13.0% |
| HEPATITIS C | PEGINTRON | 17.5% | ONCOLOGY - ORAL | ZYTIGA | 13.5% |
| HEPATITIS C | SOFOSBUVIR/VEL PATASVIR | 14.0% | ONCOLOGY - TOPICAL | TARGRETIN | 14.0% |
| HEPATITIS C | SOVALDI | 14.0% | ONCOLOGY - TOPICAL | VALCHLOR | 9.9% |
| HEPATITIS C | VIEKIRA PAK | 13.5% | OPHTHALMIC | OXERVATE | 12.5% |
| HEPATITIS C | VOSEVI | 14.0% | OSTEOPOROSIS | FORTEO | 13.9% |
| HEPATITIS C | ZEPATIER | 13.9% | OSTEOPOROSIS | TERIPARATIDE | 13.5% |
| IMMUNE MODULATOR | ACTIMMUNE | 14.3% | OSTEOPOROSIS | TYMLOS | 13.3% |
| IMMUNE MODULATOR | ARCALYST | 15.0% | PARKINSONS DISEASE | APOKYN | 11.5% |
| IMMUNOLOGICAL AGENTS | PALFORZIA | 2.2% | PARKINSONS DISEASE | INBRIJA | 12.5% |
| INFERTILITY | CETROTIDE | 17.2% | PULMONARY DISEASE | ESBRIET | 13.5% |
| INFERTILITY | CHORIONIC GONADOTROPIN | 33.1% | PULMONARY DISEASE | OFEV | 12.5% |
| INFERTILITY | FOLLISTIM AQ | 24.3% | PULMONARY HYPERTENSION | ADCIRCA | 13.5% |
| INFERTILITY | GANIRELIX ACETATE | 16.6% | PULMONARY HYPERTENSION | ADEMPAS | 13.5% |
| INFERTILITY | GONAL-F | 22.9% | PULMONARY HYPERTENSION | ALYQ | 58.8% |
| INFERTILITY | GONAL-F RFF | 22.9% | PULMONARY HYPERTENSION | AMBRISENTAN | 53.7% |
| INFERTILITY | MENOPUR | 16.8% | PULMONARY HYPERTENSION | BOSENTAN | 33.1% |
| INFERTILITY | NOVAREL | 33.1% | PULMONARY HYPERTENSION | LETAIRIS | 12.7% |
| INFERTILITY | OVIDREL | 17.2% | PULMONARY HYPERTENSION | OPSUMIT | 13.7% |
| INFERTILITY | PREGNYL | 33.1% | PULMONARY HYPERTENSION | ORENITRAM | 13.5% |
| INFLAMMATORY CONDITIONS | ACTEMRA | 14.2% | PULMONARY HYPERTENSION | REVATIO | 13.3% |
| INFLAMMATORY CONDITIONS | CIMZIA | 15.5% | PULMONARY HYPERTENSION | SILDENAFIL | 95.7% |
| INFLAMMATORY CONDITIONS | COSENTYX | 13.5% | PULMONARY HYPERTENSION | TADALAFIL | 33.1% |
| INFLAMMATORY CONDITIONS | DUPIXENT | 14.1% | PULMONARY HYPERTENSION | TRACLEER | 13.5% |
| INFLAMMATORY CONDITIONS | EMFLAZA | 10.9% | PULMONARY HYPERTENSION | TYVASO | 13.0% |
| INFLAMMATORY CONDITIONS | ENBREL | 14.0% | PULMONARY HYPERTENSION | UPTRAVI | 14.8% |
| INFLAMMATORY CONDITIONS | HUMIRA | 15.5% | PULMONARY HYPERTENSION | VENTAVIS* | 13.0% |
| INFLAMMATORY CONDITIONS | ILUMYA | 14.1% | | | |

*Includes Nebulizer