

(ATTACHMENT 9) ACTION ON THE AWARD OF PROFESSIONAL SERVICES CONTRACTS

Contract Requisition: CR048336

Contract Number: C029149

Vendor Number: V001017

FINANCIAL RENEWAL AND TERMS AMENDMENT

This Amendment ("Amendment") is made to the Administrative Services Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United") and Milwaukee Board of School Directors a.k.a. Milwaukee Public Schools ("Customer"), Contract No. 703772, and is effective on January 1, 2020 unless otherwise specified.

The Agreements referenced are (1) an Administrative Service Agreement, effective November 1, 2010 for the EPO plan and (2) the Administrative Services Agreement, effective April 1, 2011 for the PPO plan.

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.

Milwaukee Board of School Directors

United HealthCare Services, Inc.

By *Adria D. Maddaleni*
Authorized Signature

By *L. Sekely*
Authorized Signature

Print Name Adria D. Maddaleni

Print Name Lisa Sekely

Print Title Chief Human Resources Officer

Print Title Regional Contract Manager

Date 8/25/21

Date August 27, 2021

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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, 2020, the Claims Processing paragraph in Section 4.6 Pharmacy Benefit Services is hereby deleted and replaced with the following:

Claims Processing. United will process the claims received from a Network Pharmacy in accordance with the Summary Plan Description, as well as the pricing and other terms of the Network Pharmacy's participation agreement. On mail order pharmacy services, United will retain the difference between what United reimburses the Network Pharmacy and Customer payment for a Prescription Drug product or service. United maintains systems for processing pharmacy claims and may receive access fees as compensation for services United provides to Network Pharmacies.

Effective January 1, 2020, Section D – eServices® Customer Reporting Services is amended by the deletion of the following in its entirety:

<p>Interface with third party stop loss vendor. United provides claim statistical reports, designed to meet the requirements of most insurers, to support Customer's filing of Individual Stop Loss (ISL) claims.</p> <p>The report includes the total dollars paid for any claimant exceeding 50 percent of the Individual Stop Loss (ISL) threshold for policy year to date claims paid through the end of the previous month.</p>	<p>Customer and its third party stop loss carrier must execute United's standard nondisclosure and indemnification agreement prior to United's providing any of the information.</p> <p>Customer understands that it is its responsibility to detect claims that may be covered by a third party stop loss carrier policy purchased by Customer.</p>
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Effective January 1, 2020, the Agreement is amended to replace the Mail Order Pharmacy Generic Target Adjudication Rate and Specialty Drug Target Adjudication Rate sections in Exhibit B with the following:

Pharmacy AWP Contract Rate

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

Effective January 1, 2020, the Agreement is amended to replace the Pharmacy Financial Guarantee in Exhibit C – Performance Standard for Health Benefits with the following:

(the 2021 and 2022 guarantees are superseded by the 2021 and 2022 guarantees in Exhibit C)

Pharmacy Financials			
Definition	Pharmacy rate guarantees.		
Measurement	01/01/2020	01/01/2021	01/01/2022
and Criteria	Component Discount Guarantee		
	Retail Brand, Average Wholesale Price (AWP) less	18.50%	18.75%

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Retail Brand -- 90 Day Supply, AWP less	22.00%	22.25%	22.50%
Retail Generic - 30 and 90 Day Supply, AWP less	83.00%	83.10%	83.20%
Mail Order Brand, AWP less	26.35%	26.35%	26.35%
Mail Order Generic, AWP less	86.25%	86.35%	86.45%
The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.			
Dispensing Fee Guarantee			
Retail Brand - 30 Day	\$0.50	\$0.50	\$0.50
Retail Brand -- 90 Day Supply	\$0.00	\$0.00	\$0.00
Retail Generic - 30 Day	\$0.50	\$0.50	\$0.50
Retail Generic -- 90 Day Supply	\$0.00	\$0.00	\$0.00
Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
Minimum Rebate Guarantee (Flex Base PDL)			
Rebate Sharing Percentage	100.0%	100.0%	100.0%
Basis, per script	Brand	Brand	Brand
Retail - 30 Day	\$200.00	\$220.00	\$240.00
Retail - 90 Day Supply	\$480.00	\$580.00	\$680.00
Mail Order	\$525.00	\$625.00	\$710.00
Specialty	\$2,000.00	\$2,100.00	\$2,200.00
Fees			
Pharmacy Administration Fee (PEPM)	\$1.00	\$1.00	\$1.00
Level	Customer Specific		
Period	Annually		
Payment Period	Annually		

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<p>Payment Amount -- Discounts</p>	<p>The amount the actual discounts are less than the guaranteed discount amount for each individual component.</p>
<p>Payment Amount -- Dispensing Fees</p>	<p>The amount the combined actual dispensing fee exceeds the combined guaranteed dispensing fee.</p>
<p>Payment Amount -- Rebates</p>	<p>The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.</p>
<p>Conditions</p>	<p>Discount Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and non-drug items. • The Arrangement excludes usual & customary claims. • The Arrangement includes long term care facility claims, veterans' affairs facility claims, over-the-counter claims. • The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater. • When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees. • Specialty drugs dispensed out-of-network are included in the retail guarantees. Specialty drugs dispensed in-network are excluded from the Retail and Mail guarantees. • Drugs in the following Specialty therapeutic categories are included in the retail guarantees: HIV. <p>Rebate Specific Conditions</p> <ul style="list-style-type: none"> • Assumes implementation of United's Flex Base PDL which includes mandatory exclusions and clinical programs <p>United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:</p>

- 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.
- 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. Customer acknowledges that United retains Rebate Administration fees.
- 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: HIV.
- Over-the-counter and repackaged drugs, vaccines and devices are excluded from the brand script counts.
- Multisource brand drugs are excluded from the brand script counts.
- Limited distribution drugs are excluded from the brand script counts.

General Conditions

- 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 and 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.
- A minimum of 8,309 Employees and 19,749 Participants enrolled in the pharmacy plan is required.
- The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United as the exclusive mail provider.

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PTRX (04/2019)	<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.
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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.
Measurement	A composite of 20.0% for drugs dispensed through UHC's Specialty Pharmacy. This guarantee is effective 01/01/2020 through 12/31/2022. See chart below for a list of Specialty Drugs.
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 target of 20.0% 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 combined actual specialty drug discounts are less than the 20.0% composite discount drug target.
Conditions	<ul style="list-style-type: none"> • Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded. • United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark e) if actual specialty utilization is not substantially similar to that in the experience period data on which our quote is based. • 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	Included In/Excluded From Guarantee	Specialty Drug Category	Drug Name	Included In/Excluded From Guarantee
ANEMIA	ARANESP	Included	INFLAMMATORY CONDITIONS	ACTEMRA	Included
ANEMIA	EPOGEN	Included	INFLAMMATORY CONDITIONS	CIMZIA	Included
ANEMIA	PROCRIT	Included	INFLAMMATORY CONDITIONS	COSENTYX	Included
ANEMIA	RETACRIT	Included	INFLAMMATORY CONDITIONS	DUPIXENT	Included
ANTICONVULSANTS	EPIDIOLEX	Included	INFLAMMATORY CONDITIONS	EMFLAZA	Included

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ANTHYPERLIPIDE MIC	JUXTAPID	Included	INFLAMMATORY CONDITIONS	ENBREL	Included
ANTHYPERLIPIDE MIC	PRALUENT	Included	INFLAMMATORY CONDITIONS	HUMIRA	Included
ANTHYPERLIPIDE MIC	REPATHA	Included	INFLAMMATORY CONDITIONS	ILUMYA	Included
ANTI-INFECTIVE	ARIKAYCE	Included	INFLAMMATORY CONDITIONS	KEVZARA	Included
ANTI-INFECTIVE	DARAPRIM	Included	INFLAMMATORY CONDITIONS	KINERET	Included
CARDIOVASCULAR	NORTHERA	Included	INFLAMMATORY CONDITIONS	OLUMIANT	Included
CNS AGENTS	AUSTEDO	Included	INFLAMMATORY CONDITIONS	ORENCIA	Included
CNS AGENTS	HETLIOZ	Included	INFLAMMATORY CONDITIONS	OTEZLA	Included
CNS AGENTS	INGREZZA	Included	INFLAMMATORY CONDITIONS	RIDAURA	Included
CNS AGENTS	RILUTEK	Included	INFLAMMATORY CONDITIONS	SILIQ	Included
CNS AGENTS	RILUZOLE	Included	INFLAMMATORY CONDITIONS	SIMPONI	Included
CNS AGENTS	SABRIL	Included	INFLAMMATORY CONDITIONS	STELARA	Included
CNS AGENTS	TETRABENAZINE	Included	INFLAMMATORY CONDITIONS	TALTZ	Included
CNS AGENTS	TIGLUTIK	Included	INFLAMMATORY CONDITIONS	TREMFYA	Included
CNS AGENTS	VIGABATRIN	Included	INFLAMMATORY CONDITIONS	XELJANZ	Included
CNS AGENTS	VIGADRONE	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	Included
CNS AGENTS	XENAZINE	Included	IRON OVERLOAD	EXJADE	Included
CNS AGENTS	XYREM	Included	IRON OVERLOAD	FERRIPROX	Included
CYSTIC FIBROSIS	BETHKIS	Included	IRON OVERLOAD	JADENU	Included
CYSTIC FIBROSIS	CAYSTON	Included	LIVER DISEASE	OICALIVA	Included
CYSTIC FIBROSIS	KALYDECO	Included	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Included
CYSTIC FIBROSIS	KITABIS PAK	Included	MULTIPLE SCLEROSIS	AMPYRA	Included
CYSTIC FIBROSIS	ORKAMBI	Included	MULTIPLE SCLEROSIS	AUBAGIO	Included
CYSTIC FIBROSIS	PULMOZYME	Included	MULTIPLE SCLEROSIS	AVONEX	Included
CYSTIC FIBROSIS	SYMDEKO	Included	MULTIPLE SCLEROSIS	BETASERON	Included
CYSTIC FIBROSIS	TOBI	Included	MULTIPLE SCLEROSIS	COPAXONE	Included
CYSTIC FIBROSIS	TOBI PODHALER	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Included
CYSTIC FIBROSIS	TOBRAMYCIN	Included	MULTIPLE SCLEROSIS	EXTAVIA	Included
ENDOCRINE	BUPHENYL	Included	MULTIPLE SCLEROSIS	GILENYA	Included
ENDOCRINE	CARBAGLU	Included	MULTIPLE SCLEROSIS	GLATIRAMER	Included
ENDOCRINE	CHENODAL	Included	MULTIPLE SCLEROSIS	GLATOPA	Included
ENDOCRINE	CUPRIMINE	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Included
ENDOCRINE	CYSTADANE	Included	MULTIPLE SCLEROSIS	REBIF	Included
ENDOCRINE	CYSTARAN	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	Included
ENDOCRINE	DEPEN TITRATABS	Included	MULTIPLE SCLEROSIS	TECFIDERA	Included

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ENDOCRINE	EGRIFTA	Included	MULTIPLE SCLEROSIS	ZINBRYTA	Included
ENDOCRINE	FIRMAGON	Included	NEUTROPENIA	FULPHILA	Included
ENDOCRINE	GATTEX	Included	NEUTROPENIA	GRANIX	Included
ENDOCRINE	H.P. ACTHAR	Included	NEUTROPENIA	LEUKINE	Included
ENDOCRINE	JYNARQUE	Included	NEUTROPENIA	NEULASTA	Included
ENDOCRINE	KEVEYIS	Included	NEUTROPENIA	NEUPOGEN	Included
ENDOCRINE	KORLYM	Included	NEUTROPENIA	NIVESTYM	Included
ENDOCRINE	KUVAN	Included	NEUTROPENIA	UDENYCA	Included
ENDOCRINE	MYALEPT	Included	NEUTROPENIA	ZARXIO	Included
ENDOCRINE	NATPARA	Included	ONCOLOGY - INJECTABLE	INTRON A	Included
ENDOCRINE	NITYR	Included	ONCOLOGY - INJECTABLE	SYLATRON	Included
ENDOCRINE	OCTREOTIDE ACETATE	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Included
ENDOCRINE	PROCYSBI	Included	ONCOLOGY - ORAL	ABIRATERONE	Included
ENDOCRINE	RAVICTI	Included	ONCOLOGY - ORAL	AFINITOR	Included
ENDOCRINE	SAMSCA	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	Included
ENDOCRINE	SANDOSTATIN	Included	ONCOLOGY - ORAL	ALECENSA	Included
ENDOCRINE	SIGNIFOR	Included	ONCOLOGY - ORAL	ALKERAN	Included
ENDOCRINE	SODIUM PHENYL BUTYRATE	Included	ONCOLOGY - ORAL	ALUNBRIG	Included
ENDOCRINE	SOMATULINE DEPOT	Included	ONCOLOGY - ORAL	BEXAROTENE	Included
ENDOCRINE	SOMAVERT	Included	ONCOLOGY - ORAL	BOSULIF	Included
ENDOCRINE	SYPRINE	Included	ONCOLOGY - ORAL	BRAFTOVI	Included
ENDOCRINE	THIOLA	Included	ONCOLOGY - ORAL	CABOMETYX	Included
ENDOCRINE	TRIENTINE	Included	ONCOLOGY - ORAL	CALQUENCE	Included
ENDOCRINE	XERMELO	Included	ONCOLOGY - ORAL	CAPECITABINE	Included
ENDOCRINE	XURIDEN	Included	ONCOLOGY - ORAL	CAPRELSA	Included
ENZYME DEFICIENCY	CHOLBAM	Included	ONCOLOGY - ORAL	COMETRIQ	Included
ENZYME DEFICIENCY	CYSTAGON	Included	ONCOLOGY - ORAL	COPIKTRA	Included
ENZYME DEFICIENCY	GALAFOLD	Included	ONCOLOGY - ORAL	COTELLIC	Included
ENZYME DEFICIENCY	MIGLUSTAT	Included	ONCOLOGY - ORAL	DAURISMO	Included
ENZYME DEFICIENCY	ORFADIN	Included	ONCOLOGY - ORAL	BRIVEDGE	Included
ENZYME DEFICIENCY	PALYNZIQ	Included	ONCOLOGY - ORAL	ERLEADA	Included
ENZYME DEFICIENCY	STRENSIQ	Included	ONCOLOGY - ORAL	FARYDAK	Included
ENZYME DEFICIENCY	SUCRAID	Included	ONCOLOGY - ORAL	GILOTRIF	Included
ENZYME DEFICIENCY	TEGSEDI	Included	ONCOLOGY - ORAL	GLEEVEC	Included
ENZYME DEFICIENCY	ZAVESCA	Included	ONCOLOGY - ORAL	HYCAMTIN	Included
GAUCHERS DISEASE	CERDELGA	Included	ONCOLOGY - ORAL	IBRANCE	Included
GROWTH HORMONE DEFICIENCY	GENOTROPIN	Included	ONCOLOGY - ORAL	ICLUSIG	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	Included	ONCOLOGY - ORAL	IDHIFA	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	Included

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GROWTH HORMONE DEFICIENCY	NORDITROPIN	Included	ONCOLOGY - ORAL	IMBRUVICA	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	Included	ONCOLOGY - ORAL	INLYTA	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ NUSPIN	Included	ONCOLOGY - ORAL	IRESSA	Included
GROWTH HORMONE DEFICIENCY	OMNITROPE	Included	ONCOLOGY - ORAL	JAKAFI	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	Included	ONCOLOGY - ORAL	KISQALI	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	Included	ONCOLOGY - ORAL	KISQALI FEMARA	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	Included	ONCOLOGY - ORAL	LENVIMA	Included
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Included	ONCOLOGY - ORAL	LONSURF	Included
HEMATOLOGIC	BERINERT	Included	ONCOLOGY - ORAL	LORBRENA	Included
HEMATOLOGIC	CINRYZE	Included	ONCOLOGY - ORAL	LYNPARZA	Included
HEMATOLOGIC	DOPTELET	Included	ONCOLOGY - ORAL	MATULANE	Included
HEMATOLOGIC	FIRAZYR	Included	ONCOLOGY - ORAL	MEKINIST	Included
HEMATOLOGIC	HAEGARDA	Included	ONCOLOGY - ORAL	MEKTOVI	Included
HEMATOLOGIC	MOZOBIL	Included	ONCOLOGY - ORAL	MELPHALAN	Included
HEMATOLOGIC	MULPLETA	Included	ONCOLOGY - ORAL	MESNEX	Included
HEMATOLOGIC	PROMACTA	Included	ONCOLOGY - ORAL	NERLYNX	Included
HEMATOLOGIC	RUCONEST	Included	ONCOLOGY - ORAL	NEXAVAR	Included
HEMATOLOGIC	TAKHZYRO	Included	ONCOLOGY - ORAL	NINLARO	Included
HEMATOLOGIC	TAVALISSE	Included	ONCOLOGY - ORAL	ODOMZO	Included
HEMOPHILIA - INFUSED	ADVATE	Included	ONCOLOGY - ORAL	POMALYST	Included
HEMOPHILIA - INFUSED	ADYNOVATE	Included	ONCOLOGY - ORAL	REVLIMID	Included
HEMOPHILIA - INFUSED	AFSTYLA	Included	ONCOLOGY - ORAL	RUBRACA	Included
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	Included	ONCOLOGY - ORAL	RYDAPT	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	Included	ONCOLOGY - ORAL	SPRYCEL	Included
HEMOPHILIA - INFUSED	ALPROLIX	Included	ONCOLOGY - ORAL	STIVARGA	Included
HEMOPHILIA - INFUSED	BEBULIN	Included	ONCOLOGY - ORAL	SUTENT	Included
HEMOPHILIA - INFUSED	BENEFIX	Included	ONCOLOGY - ORAL	TAFINLAR	Included
HEMOPHILIA - INFUSED	COAGADEX	Included	ONCOLOGY - ORAL	TAGRISSO	Included
HEMOPHILIA - INFUSED	CORIFACT	Included	ONCOLOGY - ORAL	TALZENNA	Included
HEMOPHILIA - INFUSED	ELOCTATE	Included	ONCOLOGY - ORAL	TARCEVA	Included
HEMOPHILIA - INFUSED	FEIBA	Included	ONCOLOGY - ORAL	TARGETIN	Included
HEMOPHILIA - INFUSED	HELIXATE FS	Included	ONCOLOGY - ORAL	TASIGNA	Included
HEMOPHILIA - INFUSED	HEMOFIL M	Included	ONCOLOGY - ORAL	TEMODAR	Included

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HEMOPHILIA - INFUSED	HUMATE-P	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	Included
HEMOPHILIA - INFUSED	IDELVION	Included	ONCOLOGY - ORAL	THALOMID	Included
HEMOPHILIA - INFUSED	IXINITY	Included	ONCOLOGY - ORAL	TIBSOVO	Included
HEMOPHILIA - INFUSED	JIVI	Included	ONCOLOGY - ORAL	TRETINOIN	Included
HEMOPHILIA - INFUSED	KOATE	Included	ONCOLOGY - ORAL	TYKERB	Included
HEMOPHILIA - INFUSED	KOATE-DVI	Included	ONCOLOGY - ORAL	VENCLEXTA	Included
HEMOPHILIA - INFUSED	KOGENATE FS	Included	ONCOLOGY - ORAL	VERZENIO	Included
HEMOPHILIA - INFUSED	KOVALTRY	Included	ONCOLOGY - ORAL	VITRAKVI	Included
HEMOPHILIA - INFUSED	MONOCLATE-P	Included	ONCOLOGY - ORAL	VIZIMPRO	Included
HEMOPHILIA - INFUSED	MONONINE	Included	ONCOLOGY - ORAL	VOTRIENT	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	Included	ONCOLOGY - ORAL	XALKORI	Included
HEMOPHILIA - INFUSED	NOVOSEVEN RT	Included	ONCOLOGY - ORAL	XELODA	Included
HEMOPHILIA - INFUSED	NUWIQ	Included	ONCOLOGY - ORAL	XOSPATA	Included
HEMOPHILIA - INFUSED	PROFILNINE	Included	ONCOLOGY - ORAL	XTANDI	Included
HEMOPHILIA - INFUSED	REBINYN	Included	ONCOLOGY - ORAL	YONSA	Included
HEMOPHILIA - INFUSED	RECOMBINATE	Included	ONCOLOGY - ORAL	ZEJULA	Included
HEMOPHILIA - INFUSED	RIXUBIS	Included	ONCOLOGY - ORAL	ZELBORAF	Included
HEMOPHILIA - INFUSED	TRETTEN	Included	ONCOLOGY - ORAL	ZOLINZA	Included
HEMOPHILIA - INFUSED	VONVENDI	Included	ONCOLOGY - ORAL	ZYDELIG	Included
HEMOPHILIA - INFUSED	WILATE	Included	ONCOLOGY - ORAL	ZYKADIA	Included
HEMOPHILIA - INFUSED	XYNTHA	Included	ONCOLOGY - ORAL	ZYTIGA	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Included	ONCOLOGY - TOPICAL	TARGRETIN	Included
HEPATITIS B	ADEFOVIR DIPIVOXIL	Included	ONCOLOGY - TOPICAL	VALCHLOR	Included
HEPATITIS B	BARACLUDGE	Included	OPHTHALMIC	OXERVATE	Included
HEPATITIS B	ENTECAVIR	Included	OSTEOPOROSIS	FORTEO	Included
HEPATITIS B	EPIVIR HBV	Included	OSTEOPOROSIS	TYMLOS	Included
HEPATITIS B	HEPSERA	Included	PARKINSONS DISEASE	APOKYN	Included
HEPATITIS B	LAMIVUDINE HBV	Included	PULMONARY DISEASE	ESBRIET	Included
HEPATITIS B	VEMLIDY	Included	PULMONARY DISEASE	OFEV	Included
HEPATITIS C	DAKLINZA	Included	PULMONARY HYPERTENSION	ADCIRCA	Included
HEPATITIS C	EPCLUSA	Included	PULMONARY HYPERTENSION	ADEMPAS	Included
HEPATITIS C	HARVONI	Included	PULMONARY HYPERTENSION	LETAIRIS	Included
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	Included	PULMONARY HYPERTENSION	OPSUMIT	Included
HEPATITIS C	MAVYRET	Included	PULMONARY HYPERTENSION	ORENITRAM	Included
HEPATITIS C	OLYSIO	Included	PULMONARY HYPERTENSION	REVATIO	Included

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HEPATITIS C	PEGASYS	Included	PULMONARY HYPERTENSION	TADALAFIL	Included
HEPATITIS C	PEGINTRON	Included	PULMONARY HYPERTENSION	TRACLEER	Included
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	Included	PULMONARY HYPERTENSION	TYVASO	Included
HEPATITIS C	SOVALDI	Included	PULMONARY HYPERTENSION	UPTRAVI	Included
HEPATITIS C	TECHNIVIE	Included	PULMONARY HYPERTENSION	VENTAVIS*	Included
HEPATITIS C	VIEKIRA PAK	Included	TRANSPLANT	ASTAGRAF XL	Included
HEPATITIS C	VIEKIRA XR	Included	TRANSPLANT	CELLCEPT	Included
HEPATITIS C	VOSEVI	Included	TRANSPLANT	CYCLOSPORINE	Included
HEPATITIS C	ZEPATIER	Included	TRANSPLANT	CYCLOSPORINE MODIFIED	Included
IMMUNE MODULATOR	ACTIMMUNE	Included	TRANSPLANT	ENVARUSUS XR	Included
IMMUNE MODULATOR	ARCALYST	Included	TRANSPLANT	GENGRAF	Included
INFERTILITY	BRAVELLE	Included	TRANSPLANT	MYCOPHENOLATE MOFETIL	Included
INFERTILITY	CETROTIDE	Included	TRANSPLANT	MYCOPHENOLIC ACID	Included
INFERTILITY	CHORIONIC GONADOTROPIN	Included	TRANSPLANT	MYCOPHENOLIC ACID DR	Included
INFERTILITY	FOLLISTIM AQ	Included	TRANSPLANT	MYFORTIC	Included
INFERTILITY	GANIRELIX ACETATE	Included	TRANSPLANT	NEORAL	Included
INFERTILITY	GONAL-F	Included	TRANSPLANT	PROGRAF	Included
INFERTILITY	GONAL-F RFF	Included	TRANSPLANT	RAPAMUNE	Included
INFERTILITY	MENOPUR	Included	TRANSPLANT	SANDIMMUNE	Included
INFERTILITY	NOVAREL	Included	TRANSPLANT	SIROLIMUS	Included
INFERTILITY	OVIDREL	Included	TRANSPLANT	TACROLIMUS	Included
INFERTILITY	PREGNYL	Included	TRANSPLANT	ZORTRESS	Included

Effective January 1, 2021, Section I – Care Management and Outreach Services is hereby amended by the addition of the following:

Service	Comments
Obesity and Diabetes Prevention Services, customizable program delivered to eligible Participants with a goal of preventing diabetes and other obesity related diseases. The program uses a 52-week approach with online technology and live audio/video capabilities.	Services are delivered by United Network Providers.

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.
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<p>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.</p>	<p>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).</p>
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Effective January 1, 2021, the Maternity Program is in full force and effect as described in Section I Care Management Solutions Services of Exhibit A as follows.

Service	Comments
<p>Women’s Health: • Maternity Program</p>	

This language replaces and supersedes any references in the Agreement to the Healthy Pregnancy Program, including related fees.

Effective January 1, 2021, all reference to recovery services in the Agreement, each as applicable, are replaced in their entirety as follows:

Section 4.3 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- 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 4.3.

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

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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 4.3.

Offsetting Process. Overpayment recoveries may occur by 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 (a "Cross Plan Offset"). 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 through Cross Plan Offsets. 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 do not impact the decision as to whether or not a benefit is payable under the Plan. Customer represents and warrants that the Plan SPD contains United's approved template language authorizing Cross Plan Offsets.

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 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 4.3. 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 gross negligence or willful misconduct. Under no circumstances will United be responsible for reimbursement of unrecovered Overpayments resulting from a third party's fraud.

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Effective January 1, 2021, Coordination of benefits is in full force and effect as described in Section E Claims Administration Services of Exhibit A as follows.

Service	Comments
Standard coordination of benefits for all claims.	

This language replaces and supersedes any references in the Agreement to coordination of benefits.

EXHIBIT B - FEES

Contract Number 703772

The following financial terms are effective for the period January 1, 2021 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.

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 9,099 enrolled Employees.

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

\$42.26 per Employee per month.

Average Contract Size: 2.36

Effective January 1, 2022 through December 31, 2022

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

\$43.13 per Employee per month.

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. 	Fee not to exceed 22% of the gross recovery amount.

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<ul style="list-style-type: none"> Board certified, same-specialty medical directors. 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) <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	<p>Customer will pay a fee equal to 35% of the Savings Obtained. 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.</p> <p>The fee per individual claim will not exceed \$50,000.</p>
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.

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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.

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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 Processing		
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 Level	Standard claim operations reports Site Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$125,714
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 Level	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.	
	Office Level	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$125,714
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%	

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	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	\$125,714
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%	
United 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	30 seconds
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	\$125,714
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	\$125,714
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.	

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Level	Office that services Customer's account	
Period	Annually	
Payment Period	Annually	
Fees at Risk	Total Dollars at Risk for this metric	\$125,714
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%	
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	\$62,857
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	\$62,857
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, 2022 (each twelve month period is a, "Guarantee Period")
(the 2021 and 2022 guarantees supersede the 2021 and 2022 guarantees in the preceding pages)

Pharmacy Financials			
Definition	Pharmacy rate guarantees.		
Measurement and Criteria	01/01/2021		01/01/2022
		Component Discount Guarantee - Broad Network	
Retail Brand, Average Wholesale Price (AWP) less	18.75%	19.00%	
Retail Brand -- 90 Day Supply, AWP less	22.25%	22.50%	
Retail Generic - 30 and 90 Day Supply, AWP less	83.10%	83.20%	
Mail Order Brand, AWP less	26.35%	26.35%	
Mail Order Generic, AWP less	86.35%	86.45%	
The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.			
Dispensing Fees - Broad Network			

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	Retail Brand - 30 Day	\$0.50	\$0.50
	Retail Brand -- 90 Day Supply	\$0.00	\$0.00
	Retail Generic - 30 Day	\$0.50	\$0.50
	Retail Generic -- 90 Day Supply	(\$0.00)	(\$0.00)
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		
	Minimum Rebate Guarantee (Flex Base PDL)		
	Rebate Sharing Percentage	100.0%	100.0%
	Basis, per script	Brand	Brand
	Retail - 30 Day	\$220.00	\$240.00
	Retail - 90 Day Supply	\$580.00	\$680.00
	Mail Order	\$625.00	\$710.00
	Specialty	\$2,100.00	\$2,200.00
	Fees		
	Pharmacy Administration Fee (PEPM)	\$1.00	\$1.00
Level	Customer Specific		
Period	Annually		
Payment Period	Annually		
Payment Amount -- Discounts	The amount the actual discounts are less than the guaranteed discount amount for each individual component.		
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined guaranteed dispensing fee.		
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.		
Conditions	<p>Discount & Dispense Fee Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims. • The Arrangement excludes usual & customary claims. • The Arrangement includes vaccines, long term care facility claims, veterans' affairs facility claims, over-the-counter claims. • 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. • When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees. 		

- 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

- Assumes implementation of United's Flex Base PDL
- Rebate guarantees are contingent upon Customer's adoption, without deviation, of United's PDL and PDL exclusions, as well as any changes United makes to its PDL and PDL exclusions; and the implementation of the step therapies required by United, as well as any changes United makes to its utilization management programs.
- 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.

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
- if the percentage of enrolled pharmacy members with coverage access to authorized brand alternatives exceeds 0%
- 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.
- 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. Customer acknowledges that United retains Rebate Administration fees.
- 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.
- Over-the-counter and repackaged drugs, vaccines and devices are excluded from the claim counts.
- Multisource brand drugs are excluded from the claim counts.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2021 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 and 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.
- Pricing and guarantees assume enrollment of 9,099 Employees and 21,489 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.

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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.

- The lessor of three logic (non-ZBL) will apply to Participant payments. Participants pay the lessor of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United as the exclusive mail provider.
- United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our initial quote; f) if Customer changes their mail service benefit; 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.

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	A composite of 20.0% for drugs dispensed through United's specialty Pharmacy Network. This guarantee is effective 01/01/2021 through 12/31/2022. See chart below for a list of Specialty Drugs.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of listed specialty drugs through Our specialty Pharmacy Network will be multiplied against the discount target of 20.0% to determine the overall discount target dollars.
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the combined actual specialty drug discounts are less than the 20.0% composite discount drug target.
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 e) if actual specialty utilization is not substantially similar to that in the experience period data on which our quote is based.

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• 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	Included In/Excluded From Guarantee	Specialty Drug Category	Drug Name	Included In/Excluded From Guarantee
ANEMIA	ARANESP	Included	INFLAMMATORY CONDITIONS	RIDAURA	Included
ANEMIA	EPOGEN	Included	INFLAMMATORY CONDITIONS	RINVOQ	Included
ANEMIA	PROCRIT	Included	INFLAMMATORY CONDITIONS	SILIQ	Included
ANEMIA	RETACRIT	Included	INFLAMMATORY CONDITIONS	SIMPONI	Included
ANTICONVULSANT	DIACOMIT	Included	INFLAMMATORY CONDITIONS	SKYRIZI	Included
ANTICONVULSANT	EPIDIOLEX	Included	INFLAMMATORY CONDITIONS	STELARA	Included
ANTIHYPERTENSIVE	JUXTAPID	Included	INFLAMMATORY CONDITIONS	TALTZ	Included
ANTI-INFECTIVE	ARIKAYCE	Included	INFLAMMATORY CONDITIONS	TREMFYA	Included
ANTI-INFECTIVE	DARAPRIM	Included	INFLAMMATORY CONDITIONS	XELJANZ	Included
ASTHMA	NUCALA	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	Included
CARDIOVASCULAR	NORTHERA	Included	IRON OVERLOAD	DEFERASIROX	Included
CARDIOVASCULAR	VYNDAMAX	Included	IRON OVERLOAD	EXJADE	Included
CARDIOVASCULAR	VYNDAGEL	Included	IRON OVERLOAD	FERRIPROX	Included
CNS AGENTS	AUSTEDO	Included	IRON OVERLOAD	JADENU	Included
CNS AGENTS	FIRDAPSE	Included	LIVER DISEASE	OCALIVA	Included
CNS AGENTS	HETLIOZ	Included	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Included
CNS AGENTS	INGREZZA	Included	MOOD DISORDER DRUGS	SPRAVATO	Included
CNS AGENTS	RILUTEK	Included	MULTIPLE SCLEROSIS	AMPYRA	Included
CNS AGENTS	RILUZOLE	Included	MULTIPLE SCLEROSIS	AUBAGIO	Included
CNS AGENTS	RUZURGI	Included	MULTIPLE SCLEROSIS	AVONEX	Included
CNS AGENTS	SABRIL	Included	MULTIPLE SCLEROSIS	BETASERON	Included
CNS AGENTS	TETRABENAZINE	Included	MULTIPLE SCLEROSIS	COPAXONE	Included
CNS AGENTS	TIGLUTIK	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Included
CNS AGENTS	VIGABATRIN	Included	MULTIPLE SCLEROSIS	EXTAVIA	Included
CNS AGENTS	VIGADRONE	Included	MULTIPLE SCLEROSIS	GILENYA	Included
CNS AGENTS	XENAZINE	Included	MULTIPLE SCLEROSIS	GLATIRAMER	Included
CNS AGENTS	XYREM	Included	MULTIPLE SCLEROSIS	GLATOPA	Included
CYSTIC FIBROSIS	BETHKIS	Included	MULTIPLE SCLEROSIS	MAVENCLAD	Included
CYSTIC FIBROSIS	CAYSTON	Included	MULTIPLE SCLEROSIS	MAYZENT	Included
CYSTIC FIBROSIS	KALYDECO	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Included
CYSTIC FIBROSIS	KITABIS PAK	Included	MULTIPLE SCLEROSIS	REBIF	Included

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CYSTIC FIBROSIS	ORKAMBI	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	Included
CYSTIC FIBROSIS	PULMOZYME	Included	MULTIPLE SCLEROSIS	TECFIDERA	Included
CYSTIC FIBROSIS	SYMDEKO	Included	NEUTROPENIA	FULPHILA	Included
CYSTIC FIBROSIS	TOBI	Included	NEUTROPENIA	GRANIX	Included
CYSTIC FIBROSIS	TOBI PODHALER	Included	NEUTROPENIA	LEUKINE	Included
CYSTIC FIBROSIS	TOBRAMYCIN	Included	NEUTROPENIA	NEULASTA	Included
ENDOCRINE	BUPHENYL	Included	NEUTROPENIA	NEUPOGEN	Included
ENDOCRINE	CARBAGLU	Included	NEUTROPENIA	NIVESTYM	Included
ENDOCRINE	CHENODAL	Included	NEUTROPENIA	UDENYCA	Included
ENDOCRINE	CUPRIMINE	Included	NEUTROPENIA	ZARXIO	Included
ENDOCRINE	CYSTADANE	Included	ONCOLOGY - INJECTABLE	ELIGARD	Included
ENDOCRINE	CYSTARAN	Included	ONCOLOGY - INJECTABLE	INTRON A	Included
ENDOCRINE	DEPEN TITRATABS	Included	ONCOLOGY - INJECTABLE	LEUPROLIDE	Included
ENDOCRINE	D-PENAMINE	Included	ONCOLOGY - INJECTABLE	SYLATRON	Included
ENDOCRINE	EGRIFTA	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Included
ENDOCRINE	FIRMAGON	Included	ONCOLOGY - ORAL	ABIRATERONE	Included
ENDOCRINE	GATTEX	Included	ONCOLOGY - ORAL	AFINITOR	Included
ENDOCRINE	H.P. ACTHAR	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	Included
ENDOCRINE	JYNARQUE	Included	ONCOLOGY - ORAL	ALECENSA	Included
ENDOCRINE	KEVEYIS	Included	ONCOLOGY - ORAL	ALKERAN	Included
ENDOCRINE	KORLYM	Included	ONCOLOGY - ORAL	ALUNBRIG	Included
ENDOCRINE	KUVAN	Included	ONCOLOGY - ORAL	BALVERSA	Included
ENDOCRINE	MYALEPT	Included	ONCOLOGY - ORAL	BEXAROTENE	Included
ENDOCRINE	NATPARA	Included	ONCOLOGY - ORAL	BOSULIF	Included
ENDOCRINE	NITYR	Included	ONCOLOGY - ORAL	BRAFTOVI	Included
ENDOCRINE	OCTREOTIDE ACETATE	Included	ONCOLOGY - ORAL	CABOMETYX	Included
ENDOCRINE	PENICILLAMINE	Included	ONCOLOGY - ORAL	CALQUENCE	Included
ENDOCRINE	PROCYSBI	Included	ONCOLOGY - ORAL	CAPECITABINE	Included
ENDOCRINE	RAVICTI	Included	ONCOLOGY - ORAL	CAPRELSA	Included
ENDOCRINE	SAMSCA	Included	ONCOLOGY - ORAL	COMETRIQ	Included
ENDOCRINE	SANDOSTATIN	Included	ONCOLOGY - ORAL	COPIKTRA	Included
ENDOCRINE	SIGNIFOR	Included	ONCOLOGY - ORAL	COTELLIC	Included
ENDOCRINE	SODIUM PHENYLBUTYRATE	Included	ONCOLOGY - ORAL	DAURISMO	Included
ENDOCRINE	SOMATULINE DEPOT	Included	ONCOLOGY - ORAL	ERIVEDGE	Included
ENDOCRINE	SOMAVERT	Included	ONCOLOGY - ORAL	ERLEADA	Included
ENDOCRINE	SYPRINE	Included	ONCOLOGY - ORAL	ERLOTINIB	Included

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ENDOCRINE	THIOLA	Included	ONCOLOGY - ORAL	ETOPOSIDE	Included
ENDOCRINE	TRIENTINE	Included	ONCOLOGY - ORAL	FARYDAK	Included
ENDOCRINE	XERMELO	Included	ONCOLOGY - ORAL	GILOTRIF	Included
ENDOCRINE	XURIDEN	Included	ONCOLOGY - ORAL	GLEEVEC	Included
ENZYME DEFICIENCY	CHOLBAM	Included	ONCOLOGY - ORAL	GLEOSTINE	Included
ENZYME DEFICIENCY	CYSTAGON	Included	ONCOLOGY - ORAL	HYCANTIN	Included
ENZYME DEFICIENCY	GALAFOLD	Included	ONCOLOGY - ORAL	IBRANCE	Included
ENZYME DEFICIENCY	MIGLUSTAT	Included	ONCOLOGY - ORAL	ICLUSIG	Included
ENZYME DEFICIENCY	ORFADIN	Included	ONCOLOGY - ORAL	IDHIFA	Included
ENZYME DEFICIENCY	PALYNZIQ	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	Included
ENZYME DEFICIENCY	STRENSIQ	Included	ONCOLOGY - ORAL	IMBRUVICA	Included
ENZYME DEFICIENCY	SUCRAID	Included	ONCOLOGY - ORAL	INLYTA	Included
ENZYME DEFICIENCY	TEGSEDI	Included	ONCOLOGY - ORAL	INREBIC	Included
ENZYME DEFICIENCY	ZAVESCA	Included	ONCOLOGY - ORAL	IRESSA	Included
GAUCHERS DISEASE	CERDELGA	Included	ONCOLOGY - ORAL	JAKAFI	Included
GROWTH HORMONE DEFICIENCY	GENOTROPIN	Included	ONCOLOGY - ORAL	KISQALI	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	Included	ONCOLOGY - ORAL	KISQALI FEMARA	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Included	ONCOLOGY - ORAL	LENVIMA	Included
GROWTH HORMONE DEFICIENCY	NORDITROPIN	Included	ONCOLOGY - ORAL	LONSURF	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	Included	ONCOLOGY - ORAL	LORBRENA	Included
GROWTH HORMONE DEFICIENCY	OMNITROPE	Included	ONCOLOGY - ORAL	LYNPARZA	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	Included	ONCOLOGY - ORAL	MATULANE	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	Included	ONCOLOGY - ORAL	MEKINIST	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	Included	ONCOLOGY - ORAL	MEKTOVI	Included
GROWTH HORMONE DEFICIENCY	ZORBIVE	Included	ONCOLOGY - ORAL	MELPHALAN	Included
HEMATOLOGIC	BERINERT	Included	ONCOLOGY - ORAL	MESNEX	Included
HEMATOLOGIC	CABLIVI	Included	ONCOLOGY - ORAL	NERLYNX	Included
HEMATOLOGIC	CINRYZE	Included	ONCOLOGY - ORAL	NEXAVAR	Included
HEMATOLOGIC	DOPTELET	Included	ONCOLOGY - ORAL	NILANDRON	Included
HEMATOLOGIC	FIRAZYR	Included	ONCOLOGY - ORAL	NILUTAMIDE	Included
HEMATOLOGIC	HAEGARDA	Included	ONCOLOGY - ORAL	NINLARO	Included
HEMATOLOGIC	ICATIBANT	Included	ONCOLOGY - ORAL	NUBEQA	Included
HEMATOLOGIC	MOZOBIL	Included	ONCOLOGY - ORAL	ODOMZO	Included

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HEMATOLOGIC	MULPLETA	Included	ONCOLOGY - ORAL	PIQRAY	Included
HEMATOLOGIC	PROMACTA	Included	ONCOLOGY - ORAL	POMALYST	Included
HEMATOLOGIC	RUCONEST	Included	ONCOLOGY - ORAL	PURIXAN	Included
HEMATOLOGIC	TAKHZYRO	Included	ONCOLOGY - ORAL	REVLIMID	Included
HEMATOLOGIC	TAVALISSE	Included	ONCOLOGY - ORAL	ROZLYTREK	Included
HEMOPHILIA - INFUSED	ADVATE	Included	ONCOLOGY - ORAL	RUBRACA	Included
HEMOPHILIA - INFUSED	ADYNOVATE	Included	ONCOLOGY - ORAL	RYDAPT	Included
HEMOPHILIA - INFUSED	AFSTYLA	Included	ONCOLOGY - ORAL	SPRYCEL	Included
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	Included	ONCOLOGY - ORAL	STIVARGA	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	Included	ONCOLOGY - ORAL	SUTENT	Included
HEMOPHILIA - INFUSED	ALPROLIX	Included	ONCOLOGY - ORAL	TABLOID	Included
HEMOPHILIA - INFUSED	BENEFIX	Included	ONCOLOGY - ORAL	TAFINLAR	Included
HEMOPHILIA - INFUSED	COAGADEX	Included	ONCOLOGY - ORAL	TAGRISSO	Included
HEMOPHILIA - INFUSED	CORIFACT	Included	ONCOLOGY - ORAL	TALZENNA	Included
HEMOPHILIA - INFUSED	ELOCTATE	Included	ONCOLOGY - ORAL	TARCEVA	Included
HEMOPHILIA - INFUSED	FEIBA	Included	ONCOLOGY - ORAL	TARGETIN	Included
HEMOPHILIA - INFUSED	HEMOPIL M	Included	ONCOLOGY - ORAL	TASIGNA	Included
HEMOPHILIA - INFUSED	HUMATE-P	Included	ONCOLOGY - ORAL	TEMODAR	Included
HEMOPHILIA - INFUSED	IDELVION	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	Included
HEMOPHILIA - INFUSED	IXINITY	Included	ONCOLOGY - ORAL	THALOMID	Included
HEMOPHILIA - INFUSED	JIVI	Included	ONCOLOGY - ORAL	TIBSOVO	Included
HEMOPHILIA - INFUSED	KOATE	Included	ONCOLOGY - ORAL	TRETINOIN	Included
HEMOPHILIA - INFUSED	KOATE-DVI	Included	ONCOLOGY - ORAL	TURALIO	Included
HEMOPHILIA - INFUSED	KOGENATE FS	Included	ONCOLOGY - ORAL	TYKERB	Included
HEMOPHILIA - INFUSED	KOVALTRY	Included	ONCOLOGY - ORAL	VENCLEXTA	Included
HEMOPHILIA - INFUSED	MONONINE	Included	ONCOLOGY - ORAL	VERZENIO	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	Included	ONCOLOGY - ORAL	VITRAKVI	Included
HEMOPHILIA - INFUSED	NOVOSEVEN RT	Included	ONCOLOGY - ORAL	VIZIMPRO	Included
HEMOPHILIA - INFUSED	NUWIQ	Included	ONCOLOGY - ORAL	VOTRIENT	Included
HEMOPHILIA - INFUSED	PROFILNINE	Included	ONCOLOGY - ORAL	XALKORI	Included
HEMOPHILIA - INFUSED	REBINYN	Included	ONCOLOGY - ORAL	XELODA	Included
HEMOPHILIA - INFUSED	RECOMBINATE	Included	ONCOLOGY - ORAL	XOSPATA	Included
HEMOPHILIA - INFUSED	RIXUBIS	Included	ONCOLOGY - ORAL	XPOVIO	Included
HEMOPHILIA - INFUSED	TRETTEN	Included	ONCOLOGY - ORAL	XTANDI	Included

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HEMOPHILIA - INFUSED	VONVENDI	Included	ONCOLOGY - ORAL	YONSA	Included
HEMOPHILIA - INFUSED	WILATE	Included	ONCOLOGY - ORAL	ZEJULA	Included
HEMOPHILIA - INFUSED	XYNTHA	Included	ONCOLOGY - ORAL	ZELBORAF	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Included	ONCOLOGY - ORAL	ZOLINZA	Included
HEPATITIS B	ADEFOVIR DIPIVOXIL	Included	ONCOLOGY - ORAL	ZYDELIG	Included
HEPATITIS B	BARACLUDE	Included	ONCOLOGY - ORAL	ZYKADIA	Included
HEPATITIS B	ENTECAVIR	Included	ONCOLOGY - ORAL	ZYTIGA	Included
HEPATITIS B	EPIVIR HBV	Included	ONCOLOGY - TOPICAL	TARGRETIN	Included
HEPATITIS B	HEPSERA	Included	ONCOLOGY - TOPICAL	VALCHLOR	Included
HEPATITIS B	LAMIVUDINE HBV	Included	OPHTHALMIC	OXERVATE	Included
HEPATITIS B	VEMLIDY	Included	OSTEOPOROSIS	FORTEO	Included
HEPATITIS C	EPCLUSA	Included	OSTEOPOROSIS	TYMLOS	Included
HEPATITIS C	HARVONI	Included	PARKINSONS DISEASE	APOKYN	Included
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	Included	PARKINSONS DISEASE	INBRIJA	Included
HEPATITIS C	MAVYRET	Included	PULMONARY DISEASE	ESBRIET	Included
HEPATITIS C	PEGASYS	Included	PULMONARY DISEASE	OFEV	Included
HEPATITIS C	PEGINTRON	Included	PULMONARY HYPERTENSION	ADCIRCA	Included
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	Included	PULMONARY HYPERTENSION	ADEMPAS	Included
HEPATITIS C	SOVALDI	Included	PULMONARY HYPERTENSION	ALYQ	Included
HEPATITIS C	VIEKIRA PAK	Included	PULMONARY HYPERTENSION	AMBRISENTAN	Included
HEPATITIS C	VOSEVI	Included	PULMONARY HYPERTENSION	BOSENTAN	Included
HEPATITIS C	ZEPATIER	Included	PULMONARY HYPERTENSION	LETAIRIS	Included
IMMUNE MODULATOR	ACTIMMUNE	Included	PULMONARY HYPERTENSION	OPSUMIT	Included
IMMUNE MODULATOR	ARCALYST	Included	PULMONARY HYPERTENSION	ORENITRAM	Included
INFERTILITY	CETROTIDE	Included	PULMONARY HYPERTENSION	REVATIO	Included
INFERTILITY	CHORIONIC GONADOTROPIN	Included	PULMONARY HYPERTENSION	SILDENAFIL	Included
INFERTILITY	FOLLISTIM AQ	Included	PULMONARY HYPERTENSION	TADALAFIL	Included
INFERTILITY	GANIRELIX ACETATE	Included	PULMONARY HYPERTENSION	TRACLEER	Included
INFERTILITY	GONAL-F	Included	PULMONARY HYPERTENSION	TYVASO	Included
INFERTILITY	GONAL-F RFF	Included	PULMONARY HYPERTENSION	UPTRAVI	Included
INFERTILITY	MENOPUR	Included	PULMONARY HYPERTENSION	VENTAVIS*	Included
INFERTILITY	NOVAREL	Included	TRANSPLANT	ASTAGRAF XL	Included
INFERTILITY	OVIDREL	Included	TRANSPLANT	CELLCEPT	Included
INFERTILITY	PREGNYL	Included	TRANSPLANT	CYCLOSPORINE	Included
INFLAMMATORY CONDITIONS	ACTEMRA	Included	TRANSPLANT	CYCLOSPORINE MODIFIED	Included

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INFLAMMATORY CONDITIONS	CIMZIA	Included	TRANSPLANT	ENVARUSUS XR	Included
INFLAMMATORY CONDITIONS	COSENTYX	Included	TRANSPLANT	GENGRAF	Included
INFLAMMATORY CONDITIONS	DUPIXENT	Included	TRANSPLANT	MYCOPHENOLATE MOFETIL	Included
INFLAMMATORY CONDITIONS	EMFLAZA	Included	TRANSPLANT	MYCOPHENOLIC ACID DR	Included
INFLAMMATORY CONDITIONS	ENBREL	Included	TRANSPLANT	MYFORTIC	Included
INFLAMMATORY CONDITIONS	HUMIRA	Included	TRANSPLANT	NEORAL	Included
INFLAMMATORY CONDITIONS	ILUMYA	Included	TRANSPLANT	PROGRAF	Included
INFLAMMATORY CONDITIONS	KEVZARA	Included	TRANSPLANT	RAPAMUNE	Included
INFLAMMATORY CONDITIONS	KINERET	Included	TRANSPLANT	SANDIMMUNE	Included
INFLAMMATORY CONDITIONS	OLUMIANT	Included	TRANSPLANT	SIROLIMUS	Included
INFLAMMATORY CONDITIONS	ORENCIA	Included	TRANSPLANT	TACROLIMUS	Included
INFLAMMATORY CONDITIONS	OTEZLA	Included	TRANSPLANT	ZORTRESS	Included

*Includes Nebulizer



MILWAUKEE PUBLIC SCHOOLS CH

Network Savings Guarantee

UnitedHealthcare Choice Network Savings Guarantee

The Network Savings Guarantee is effective during the incurred period 1/1/2021 through 12/31/2021 and applies only to in-network claims paid within 3 months following the end of the Network Savings Guarantee Period.

Commitment

Standard Medical Fees	Reimbursement
Less Than 49.0%	20.0%
49.0% - 50.0%	13.3%
50.0% - 51.0%	6.7%
Greater Than 51.0%	0.0%

We agree to reimburse the applicable percentage of the standard medical fees (excluding optional and non-standard fees) at risk noted in the table above based on the shortfall in network discounts achieved and the defined range the result falls into up to a maximum of 20.0% of the standard medical fees (excluding optional and non-standard fees).

The UnitedHealthcare Choice product and savings as presented in this document are available under the following assumptions and conditions*:

Members enrolled in a UnitedHealthcare Choice Network

15,248

(ATTACHMENT 9) ACTION ON THE AWARD OF PROFESSIONAL SERVICES CONTRACTS

Contract Requisition: CR048336

Contract Number: C029149
Vendor Number: V001017

- Target Network Savings Percentage (Illustrative) 51.0%
- Risk Free Corridor 0.0%
- For the UnitedHealthcare Choice network to be accessed, a sufficient benefit differential between in and out of network benefits must exist to promote in-network usage. Whether a sufficient benefit differential exists will be measured by UnitedHealthcare with the measurement based on coinsurance differentials, deductible differentials, out of pocket maximum differentials, and combinations of the former, among others.
- Savings are defined as the sum of: (1) the difference between the covered billed charges (excluding ineligible and not covered charges) submitted by the network provider and the amount based on the negotiated rate with that provider. This may also include specially negotiated discounts with network providers in outlier claim situations. No reasonable and customary (R&C) reductions are taken when a negotiated rate is in place with a network provider. The calculation is performed before the application of copayments, deductibles, or other coinsurance. (2) savings that result from the application of claims payment logic that bundles claims, consistent with provisions in our provider contracts.
- We reserve the right to exclude claims billed utilizing billing software, showing billed charges (excluding ineligible and not covered charges) at or near the negotiated rate from this guarantee.
- We reserve the right to exclude all claims for claimants with covered charges \$75,000 or greater during the guarantee period.
- Claims where UnitedHealthcare is the secondary payor are excluded from the Network Savings and Network Savings Factor determination.
- Mental Health/Substance Abuse claims are excluded.

The table below contains anticipated enrollment by market. The Other category is made up of markets with smaller concentrations of members.

Market	Employees	Members
MILWAUKEE	6,176	15,152
Other	50	96
Total/Average*	6,226	15,248

Groups added by after the plan's effective date will be factored into this guarantee according to their date, size and enrollment by network.

A minimum of 3,000 total employees enrolled in the UnitedHealthcare plan is required for the Network Savings Guarantee to remain in effect.

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

- The benefits requested and/or quoted change prior to or after the effective date of this quotation.
- An award is not made within 90 days of the issuance of this quotation.
- Changes in federal, state or other applicable legislation or regulation require changes to this quotation.

UHC reserves the right to adjust the discount guarantee should provider chargemaster increases (the rate by which provider charges increase) vary from assumed levels.

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* These numbers are estimated only. Final numbers will depend on actual enrollment by network.



MILWAUKEE PUBLIC SCHOOLS CH+

Network Savings
Guarantee

UnitedHealthcare Choice Network Savings Guarantee

The Network Savings Guarantee is effective during the incurred period 1/1/2021 through 12/31/2021 and applies only to in-network claims paid within 3 months following the end of the Network Savings Guarantee Period.

Commitment

Standard Medical Fees (Excluding Optional and Non-Standard Fees)	Blended Medical Fees
Less Than 49.0%	20.0%
49.0% - 50.0%	13.3%
50.0% - 51.0%	6.7%
Greater Than 51.0%	0.0%

We agree to reimburse the applicable percentage of the standard medical fees (excluding optional and non-standard fees) at risk noted in the table above based on the shortfall in network discounts achieved and the defined range the result falls into up to a maximum of 20.0% of the standard medical fees (excluding optional and non-standard fees).

The UnitedHealthcare Choice product and savings as presented in this document are available under the following assumptions and conditions*:

- Members enrolled in a UnitedHealthcare Choice Network 5,879
- Target Network Savings Percentage (Illustrative) 51.0%
- Risk Free Corridor 0.0%
- For the UnitedHealthcare Choice network to be accessed, a sufficient benefit differential between in and out of network benefits must exist to promote in-network usage. Whether a sufficient benefit differential exists will be measured by UnitedHealthcare with the measurement based on coinsurance differentials, deductible differentials, out of pocket maximum differentials, and combinations of the former, among others.
- Savings are defined as the sum of: (1) the difference between the covered billed charges (excluding ineligible and not covered charges) submitted by the network provider and the amount based on the negotiated rate with that provider. This may also include specially negotiated discounts with network providers in outlier claim situations. No reasonable and customary (R&C) reductions are taken when a negotiated rate is in place with a network provider. The calculation is performed before the application of copayments, deductibles, or other coinsurance. (2) savings that result from the application of claims payment logic that bundles claims, consistent with provisions in our provider contracts.
- We reserve the right to exclude claims billed utilizing billing software, showing billed charges (excluding ineligible and not covered charges) at or near the negotiated rate from this guarantee.
- We reserve the right to exclude all claims for claimants with covered charges \$75,000 or greater during the guarantee period.
- Claims where UnitedHealthcare is the secondary payor are excluded from the Network Savings and Network Savings Factor determination.

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Mental Health/Substance Abuse claims are excluded.

The table below contains anticipated enrollment by market. The Other category is made up of markets with smaller concentrations of members.

Market Name	Employees	Members
MILWAUKEE	2,627	5,829
Other	30	50
Total/Average*	2,657	5,879

Groups added by after the plan's effective date will be factored into this guarantee according to their date, size and enrollment by network.

A minimum of 3,000 total employees enrolled in the UnitedHealthcare plan is required for the Network Savings Guarantee to remain in effect.

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

- The benefits requested and/or quoted change prior to or after the effective date of this quotation.
- An award is not made within 90 days of the issuance of this quotation.
- Changes in federal, state or other applicable legislation or regulation require changes to this quotation.

UHC reserves the right to adjust the discount guarantee should provider chargemaster increases (the rate by which provider charges increase) vary from assumed levels.

* These numbers are estimated only. Final numbers will depend on actual enrollment by network.