

## 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 City of Burleson (“Customer”), Contract No. 906435, and is effective on January 1, 2023 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.

**City of Burleson**

**United HealthCare Services, Inc.**

By \_\_\_\_\_  
Authorized Signature

By \_\_\_\_\_  
Authorized Signature

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Print Title \_\_\_\_\_

Print Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Renewal 3Q 2022  
Agreement No. 19277.6**

**The Administrative Services Agreement is amended on January 1, 2023 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.

**All references to out of network programs in the Agreement, each as applicable, are replaced in their entirety. As such, Section A1 Network in Exhibit A is amended to include the following sub-section:**

**Out of Network Programs.** United offers out of network programs that strive to increase savings to Customer by accessing discounts or negotiating reductions on out of network claims. United offers a mix of out of network programs that offer varying degrees of discounts, consumer advocacy, and cost controls. Customers elected out of network programs are identified in Exhibit B – Fees. Programs are subject to change or termination at United's discretion.

## **EXHIBIT B – FEES**

The Medical Fees (“Fees”) are as stated below. Customer acknowledges that Fees 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.

### **Medical Fees**

**The following financial terms are effective for the period January 1, 2023 through December 31, 2024, unless otherwise specified.**

Final Claims Fiduciary: United

Prescription Drug List: Traditional

#### **Effective January 1, 2023 through December 31, 2024:**

Average Contract Size: 2.20

The Fees include a Pharmacy Administrative Fee credit in the amount of \$41.81 per Employee per month.

The Fees listed below are based upon an estimated minimum of 337 enrolled Employees.

\$4.56 per Employee per month.

#### **Effective January 1, 2024 through December 31, 2024:**

Average Contract Size: 2.21

The Fees include a Pharmacy Administrative Fee credit in the amount of \$43.00 per Employee per month.

The Fees listed below are based upon an estimated minimum of 353 enrolled Employees.

\$4.56 per Employee per month

### **Credits**

#### **Effective January 1, 2023 through December 31, 2023:**

##### **Communication Credit**

United will provide a communication credit to help Customer mitigate costs associated with communications to Participants. The communication credit will be paid through a credit to Customer’s fees after (a) the Agreement is executed and (b) the first month’s fees have been received by United. If Customer terminates the Agreement prior to December 31, 2023, Customer will pay United a prorated portion of this credit.

\$10,000 Communication credit per year

### **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, 2023, Customer will pay United a prorated portion of this credit.

\$30,000 Wellness allowance per year

### **Effective January 1, 2024 through December 31, 2024:**

#### **Communication Credit**

United will provide a communication credit to help Customer mitigate costs associated with communications to Participants. The communication credit will be paid through a credit to Customer's fees after (a) the Agreement is executed and (b) the first month's fees have been received by United. If Customer terminates the Agreement prior to December 31, 2024, Customer will pay United a prorated portion of this credit.

\$15,000 Communication credit per year

### **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, 2024, Customer will pay United a prorated portion of this credit.

\$35,000 Wellness allowance per year

### **Pharmacy Ongoing Auditing Reimbursement**

United will provide reimbursement towards an ongoing audit, subject to United's standard requirements regarding prior notice, confidentiality, length, time and place and findings. Charges above this amount will be Customer's liability. The audit reimbursement will be paid to Customer after (a) the Agreement is executed, (b) the audit has been completed and (c) the total actual cost of the audit has been determined and documented by Customer. [If Customer terminates the Agreement prior to December 31, 2024, Customer will pay United a prorated portion of this credit.

\$25,000 audit reimbursement first year only

### **Payment Integrity Services**

<b>Service Description</b>	<b>Fee</b>
<b>Advanced Analytics and Recovery</b> <ul style="list-style-type: none"><li>• United's large-scale analytics to identify additional recovery opportunities.</li><li>• Claims re-examined every month for up to 12 months.</li><li>• Post-adjudicated claims.</li></ul>	24% of the gross recovery amount
<b>Coordination of Benefits ("COB")</b> <p>Verify primary/secondary payer accuracy</p> <ul style="list-style-type: none"><li>• Identify claims to be investigated using a layered approach to identify other primary payers:<ol style="list-style-type: none"><li>1. Eligibility match to other commercial payers</li><li>2. Eligibility match to Medicare</li><li>[3. Eligibility match to newly enrolled Medicaid members</li><li>4. Eligibility match to membership validation vendors using proprietary algorithms</li></ol></li></ul>	No additional Fee.

Service Description	Fee
5. Additional oversight and identification of primary payers using United professional resources 6. Advanced analytics using COB-specific triggers to identify primary payers] <ul style="list-style-type: none"> <li>• Correct pre-adjudicated claims prior to claim payment</li> <li>• Update claims systems with other primary/secondary payers' information</li> <li>• COB indicators set to edit subsequent claims with primary/secondary payers' information</li> </ul>	
<b>Credit Balance Recovery</b> <ul style="list-style-type: none"> <li>• Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology.</li> <li>• On-site at hospitals and facilities. Post-adjudicated claims.</li> </ul>	10% of the gross recovery amount.
<b>Focused Claim Review</b> <ul style="list-style-type: none"> <li>• Review of claims for inappropriate billing of services not documented in clinical notes.</li> <li>• Board certified, same-specialty medical directors.</li> <li>• Pre-adjudicated claims or post-adjudicated claims.</li> </ul>	22% of the gross recovery amount.
<b>Fraud, Waste, and Abuse Management</b> <ul style="list-style-type: none"> <li>• Detection and recovery of wasteful, abusive, and/or fraudulent claims.</li> <li>• Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review.</li> <li>• Pre-adjudicated claims or post-adjudicated claims.</li> </ul>	22% of the gross recovery or prevented amount
<b>Hospital Bill and Premium Audit Services</b> <ul style="list-style-type: none"> <li>• In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy.</li> <li>• Post-adjudicated claims.</li> </ul>	22% of the gross recovery amount
<b>Litigation and Arbitration Fees for Recoveries</b> <ul style="list-style-type: none"> <li>• Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities.</li> <li>• Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process.</li> <li>• Pre-adjudicated claims or post-adjudication claims.</li> </ul>	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).
<b>Third Party Liability - Subrogation and Injury Coverage Coordination</b> <ul style="list-style-type: none"> <li>• Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party.</li> <li>• Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments.</li> <li>• Pre-adjudicated claims or post-adjudicated. claims.</li> </ul> Customer will not engage any entity except United to provide such services without prior United approval.	33.33% of the applicable savings amount.

**Other Fees**

Service Description	Fee
<b>Maximum Non-Network Reimbursement Program</b> <ul style="list-style-type: none"> <li>• Offers a reimbursement methodology for non-emergency non-network claims.</li> </ul>	No additional Fee

Service Description	Fee
<b>United’s reasonable and customary charge guidelines</b> <ul style="list-style-type: none"> <li>Provides guidelines for out of network surgical, medical, lab, and x-ray claims.</li> </ul>	No additional Fee
<b>Shared Savings Program</b> <ul style="list-style-type: none"> <li>Provides savings on select non-Network facility and physician claims that are not eligible for standard network discounts.</li> <li>Provides access to established or discounted reimbursement amounts from health care providers who contract, accept, or negotiate with a United or third party.</li> <li>Does not include credentialing of providers or other Network services as set forth in the Agreement.</li> </ul>	<p>29% of the Savings Obtained as a result of the program. Savings Obtained means the amount that would have been payable to a health care provider if no discounts were available, including amounts payable by both the Participant and the Plan, minus the amount that is payable to the health care provider after the discount is taken, including amounts payable by both the Participant and the Plan.</p> <p>The savings used to calculate the fee per individual claim for the program shall not exceed \$50,000. Accordingly, the fee per individual claim will not exceed 29% of \$50,000</p>
<b>External Reviews</b>	<p>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.</p>
<b>Interest Rate on Fees and Underfunding Bank Account</b>	Prime rate plus 4%
<b>Run-out Claims Administration</b> 6 months of runout	<p>As elected by Customer upon termination:</p> <ul style="list-style-type: none"> <li>6 months of run-out: 2 months of Administration Fees</li> </ul>
<b>Pharmacy Benefit Rebates - Termination</b>	<p>Pursuant to the termination section of this 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.</p>
<p><b>Consolidated Appropriations Act, 2021 (“CAA”) Support Services.</b> 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:</p> <ul style="list-style-type: none"> <li>NSA medical billing and the independent dispute resolution (“IDR”): <ul style="list-style-type: none"> <li>United will determine if a claim is subject to the NSA billing protections.</li> <li>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.</li> <li>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.</li> <li>United will not be using third party provider networks for services covered by the NSA.</li> <li>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.</li> <li>Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account.</li> <li>Customer shall fund the IDR administration fee and all IDR arbitrator fees through the Bank Account.</li> </ul> </li> </ul>	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. United shall notify Customer of United’s intent to apply a charge for any support services or information provided if additional regulatory guidance changes the final compliance requirements. Customer remains responsible for the government agency administration assessment and fees charged by the IDR arbitrator.</p> <p>Fees for CAA Support Services for plan years after 2023 will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.</p> <p>For the 2024 plan year, United will not charge separate services fees outside of base rates for the CAA Support Services. United shall notify Customer of United’s intent to apply a charge for any support services or information provided if additional regulatory guidance changes the final compliance requirements. Customer remains responsible for the government agency administration assessment and fees charged by the IDR arbitrator.</p> <p>Fees for CAA Support Services for plan years after 2024 will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.</p>

Service Description	Fee
<ul style="list-style-type: none"> <li>Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently).</li> <li>Provider directory enhancements.</li> <li>Continuity of care and external appeals support for surprise medical bills.</li> <li>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.</li> <li>Provide language to support Customer's anti-gag clause attestation requirement.</li> <li>Prepare and file pharmacy benefits and drug cost reports.</li> <li>Prepare and file air ambulance claims reports.</li> <li>Provide and maintain price comparison information to Participants by telephone and online.</li> </ul>	
<p><b>Health Plan Transparency in Coverage Rule ("TiC") Support Services.</b> United will support Customer's compliance with the requirements of the TiC by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> <li>Machine-readable files accessible via a publicly available website, which Customer will be able to access and link to Customer's own website.</li> <li>A cost estimator tool available online for Plan Participants for the items and services as required each year.</li> </ul>	<p>For the 2023 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.</p> <p>For the 2024 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.</p>

**Disclosure:** 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. This has no impact on the Fees paid by Customer under this Agreement.

### Dental Fees

**The following financial terms are effective for the period January 1, 2023 through December 31, 2024, unless otherwise specified.**

The Fees listed below are based upon an estimated minimum of 348 enrolled Employees.

\$4.15 per Employee per month.

Average Contract Size: 2.25

Run-out Claims Administration: 12 months of runout; additional months are available at an additional cost

**The following financial terms are effective for the period January 1, 2024 through December 31, 2024, unless otherwise specified.**

The Fees listed below are based upon an estimated minimum of 399 enrolled Employees.

\$4.15 per Employee per month.

Average Contract Size: 2.14

Run-out Claims Administration: 12 months of runout; additional months are available at an additional cost

## EXHIBIT C –GUARANTEES

The Fees at risk do not include Customer-elected optional and non-standard programs Fees, all credits, Payment Integrity Programs Fees, Out-of-Network Programs Fees, Commission Funds, Consultant Funds, and ancillary product Fees.

The Fees payable by Customer under this Agreement will be adjusted through a credit to its fees in accordance with the guarantees set forth below unless otherwise defined in the guarantee. Unless otherwise specified, these guarantees are effective for the period beginning January 1, 2023 through December 31, 2024 (each twelve month period is a “Guarantee Period”). With respect to the aspects of United’s performance addressed in this exhibit, these fee adjustments are Customer’s exclusive financial remedies.

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

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new guarantees for the subsequent Guarantee Period. If United specifies new 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 measurements. Also, services provided under capitated arrangements are not processed as a typical claim, therefore capitated payments are not included in the measurements.

In the event any of the terms herein are inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent terms will be null and void and United will have the right to revise, reprice or revoke this arrangement.

**The following guarantees are effective January 1, 2023 through December 31, 2023:**

Pharmacy Financials		
Definition	Contracted pharmacy rates that will be delivered to You.	
Measurement and Criteria	<b>01/01/2023</b>	
<b>Combined Discount Guarantee - Standard Select/CVS Network</b>		
-	Retail Brand, Average Wholesale Price (AWP) less Retail Brand -- 90 Day Supply, AWP less	20.0%
	Retail Generic - 30 and 90 Day Supply, AWP less	24.0%
	Mail Order Brand, AWP less	82.0%
	Mail Order Generic, AWP less	26.2%
		84.0%
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.		
<b>Dispensing Fees - Standard Select/CVS Network</b>		
-	Retail Brand - 30 Day	\$0.55
	Retail Brand -- 90 Day Supply	\$0.30
	Retail Generic - 30 Day	\$0.55
	Retail Generic -- 90 Day Supply	\$0.30
Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		



<b>Fixed Rebate Guarantee (Traditional PDL)</b>	
-	Basis, per script
-	Retail - 30 and 90 Day
-	Mail Order
-	Specialty
-	Included In Retail
-	Included In Retail
-	Included In Retail
<b>Credits and Allowances</b>	
-	Rebate Fee Credit (PEPM)
-	\$41.81
Level	Customer Specific
Period	Annually
Payment Period	Annually
Payment Amount -- Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.
Conditions	<p><b>Discount &amp; Dispense Fee Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does not apply to items covered under the Plan for which no AWP measure exists.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Arrangement excludes usual &amp; customary claims, vaccines, long term care facility claims, over-the-counter claims.</li> <li>• The Arrangement includes veterans' affairs facility claims.</li> <li>• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.</li> <li>• The Mail Order guarantee includes drugs dispensed for 46 days or greater.</li> <li>• 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.</li> <li>• 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.</li> <li>• Drugs in the following Specialty therapeutic categories are included in the retail guarantees: None.</li> </ul> <p><b>Rebate Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• Assumes implementation of United's Traditional PDL</li> <li>• 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.</li> <li>• Calculation of the guaranteed rebate amount will exclude ineligible claims including claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims), 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.</li> </ul>

• “Rebate Credit” is a credit towards the achievement of the guaranteed Rebate amount, and/or Rebate Fee Credit. The Rebate Credit is applied in the event of a change impacting the level of Rebates expected as a result of the availability of clinically comparable lower Rebate drugs. The Rebate Credit is calculated as the difference in pharmaceutical manufacturer revenue between what United would have invoiced pharmaceutical manufacturers if the Customer continued to prefer the originator brand product and the actual pharmaceutical manufacturer revenue received after favoring the new product (e.g. biosimilar, an authorized brand alternative, reduction of wholesale acquisition cost (WAC) on a Brand Drug subject to Rebates, launch of a lower cost non-Generic Drug alternative). The Rebate Credit does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection. 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 Fixed Rebates consistent with the Agreement. To the extent Rebates paid to United exceed the Fixed Rebate amount, We will retain the excess, including any Rebates United may earn on prescription drug products in any tiers not included in this arrangement and any related interest.
- 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 the end of the Pharmacy Pricing Term, 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.

#### **Credits and Allowances**

• Rebate Fee Credit: In addition to the guaranteed rebates, Customer will receive a rebate fee credit. Under this arrangement, rebates retained by United are used to lower the medical administration fee.

#### **General Conditions**

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2023 through 12/31/2023 ("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.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 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 337 Employees and 742 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.

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.

<b>TRRX (02/2022)</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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<b>Specialty Pharmacy</b>	
<b>Specialty Pharmacy Discount Guarantee</b>	
<b>Definition</b>	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.
<b>Measurement</b>	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below.  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%.
<b>Criteria</b>	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.  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.
<b>Level</b>	Customer Specific
<b>Period</b>	Annual
<b>Payment Period</b>	Annual
<b>Payment Amount</b>	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
<b>Conditions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Specialty drugs dispensed outside United's specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded.</li> <li>• 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).</li> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> </ul>

Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	14.5%	INFLAMMATORY CONDITIONS	ILUMYA	14.1%
ANEMIA	EPOGEN	13.3%	INFLAMMATORY CONDITIONS	KEVZARA	9.9%
ANEMIA	PROCRIT	13.6%	INFLAMMATORY CONDITIONS	KINERET	13.5%
ANEMIA	RETACRIT	14.1%	INFLAMMATORY CONDITIONS	OLUMIANT	12.5%
ANTICONVULSANT	DIACOMIT	12.5%	INFLAMMATORY CONDITIONS	ORENCIA	14.2%
ANTICONVULSANT	EPIDIOLEX	12.5%	INFLAMMATORY CONDITIONS	OTEZLA	14.0%
ANTICONVULSANT	FINTEPLA	10.4%	INFLAMMATORY CONDITIONS	RIDAURA	14.1%
ANTIHYPERLIPIDEMIC	JUXTAPID	13.2%	INFLAMMATORY CONDITIONS	RINVOQ	14.1%
ANTI-INFECTIVE	ARIKAYCE	13.0%	INFLAMMATORY CONDITIONS	SILIQ	11.4%
ANTI-INFECTIVE	DARAPRIM	12.5%	INFLAMMATORY CONDITIONS	SIMPONI	14.1%
ANTI-INFECTIVE	PYRIMETHAMINE	12.5%	INFLAMMATORY CONDITIONS	SKYRIZI	18.1%
ASTHMA	FASENRA	12.5%	INFLAMMATORY CONDITIONS	STELARA	16.1%
ASTHMA	NUCALA	12.5%	INFLAMMATORY CONDITIONS	TALTZ	11.4%
ASTHMA	XOLAIR	12.5%	INFLAMMATORY CONDITIONS	TREMFYA	14.1%
CARDIOVASCULAR	DROXIDOPA	33.1%	INFLAMMATORY CONDITIONS	XELJANZ	14.1%
CARDIOVASCULAR	NORTHERA	14.0%	INFLAMMATORY CONDITIONS	XELJANZ XR	14.1%
CARDIOVASCULAR	VYNDAMAX	15.2%	IRON OVERLOAD	DEFERASIROX	66.4%
CARDIOVASCULAR	VYNDAQEL	12.5%	IRON OVERLOAD	EXJADE	12.1%
CNS AGENTS	AUSTEDO	13.5%	IRON OVERLOAD	FERRIPROX	12.5%
CNS AGENTS	ENSPRYNG	11.9%	IRON OVERLOAD	JADENU	13.5%
CNS AGENTS	FIRDAPSE	10.4%	LIVER DISEASE	OCALIVA	15.0%
CNS AGENTS	HETLIOZ	14.0%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	13.5%
CNS AGENTS	INGREZZA	13.0%	MOOD DISORDER DRUGS	SPRAVATO	13.5%
CNS AGENTS	RILUTEK	13.5%	MULTIPLE SCLEROSIS	AMPYRA	11.7%
CNS AGENTS	RILUZOLE	92.6%	MULTIPLE SCLEROSIS	AUBAGIO	12.5%
CNS AGENTS	RUZURGI	11.4%	MULTIPLE SCLEROSIS	AVONEX	14.0%
CNS AGENTS	SABRIL	16.1%	MULTIPLE SCLEROSIS	BAFIERTAM	14.0%
CNS AGENTS	TETRABENAZINE	48.5%	MULTIPLE SCLEROSIS	BETASERON	14.1%
CNS AGENTS	TIGLUTIK	10.4%	MULTIPLE SCLEROSIS	COPAXONE	14.7%

CNS AGENTS	VIGABATRIN	17.6%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	92.8%
CNS AGENTS	VIGADRONE	16.6%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	79.4%
CNS AGENTS	XENAZINE	15.5%	MULTIPLE SCLEROSIS	EXTAVIA	14.1%
CNS AGENTS	XYREM	6.3%	MULTIPLE SCLEROSIS	GILENYA	14.0%
CNS AGENTS	XYWAV	7.3%	MULTIPLE SCLEROSIS	GLATIRAMER	79.4%
CYSTIC FIBROSIS	BETHKIS	11.4%	MULTIPLE SCLEROSIS	GLATOPA	79.4%
CYSTIC FIBROSIS	CAYSTON	14.5%	MULTIPLE SCLEROSIS	KESIMPTA	14.0%
CYSTIC FIBROSIS	KALYDECO	13.5%	MULTIPLE SCLEROSIS	MAVENCLAD	14.0%
CYSTIC FIBROSIS	KITABIS PAK	12.5%	MULTIPLE SCLEROSIS	MAYZENT	14.0%
CYSTIC FIBROSIS	ORKAMBI	13.5%	MULTIPLE SCLEROSIS	PLEGRIDY	13.5%
CYSTIC FIBROSIS	PULMOZYME	15.0%	MULTIPLE SCLEROSIS	PONVORY	10.9%
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	69.1%	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	NYVEPRIA	11.4%
ENDOCRINE	DEPEN TITRATABS	14.0%	NEUTROPENIA	UDENYCA	13.8%
ENDOCRINE	D-PENAMINE	13.0%	NEUTROPENIA	ZARXIO	13.8%
ENDOCRINE	EGRIFTA	13.5%	NEUTROPENIA	ZIEXTENZO	13.5%
ENDOCRINE	FIRMAGON	13.5%	ONCOLOGY - INJECTABLE	ELIGARD	12.6%
ENDOCRINE	GATTEX	14.8%	ONCOLOGY - INJECTABLE	INTRON A	13.5%
ENDOCRINE	H.P. ACTHAR	13.5%	ONCOLOGY - INJECTABLE	LEUPROLIDE	62.9%
ENDOCRINE	IMCIVREE	13.5%	ONCOLOGY - INJECTABLE	SYNRIBO	13.8%
ENDOCRINE	ISTURISA	10.4%	ONCOLOGY - ORAL	ABIRATERONE	82.5%
ENDOCRINE	JYNARQUE	12.5%	ONCOLOGY - ORAL	AFINITOR	14.1%

ENDOCRINE	KEVEYIS	13.0%	ONCOLOGY - ORAL	AFINITOR DISPERZ	14.1%
ENDOCRINE	KORLYM	11.4%	ONCOLOGY - ORAL	ALECENSA	14.1%
ENDOCRINE	KUVAN	12.7%	ONCOLOGY - ORAL	ALKERAN	15.4%
ENDOCRINE	MYALEPT	7.3%	ONCOLOGY - ORAL	ALUNBRIG	11.9%
ENDOCRINE	NATPARA	13.2%	ONCOLOGY - ORAL	AYVAKIT	14.5%
ENDOCRINE	NITYR	13.0%	ONCOLOGY - ORAL	BALVERSA	13.5%
ENDOCRINE	OCTREOTIDE ACETATE	56.8%	ONCOLOGY - ORAL	BEXAROTENE	33.5%
ENDOCRINE	PENICILLAMINE	33.1%	ONCOLOGY - ORAL	BOSULIF	13.5%
ENDOCRINE	PROCYSBI	7.3%	ONCOLOGY - ORAL	BRAFTOVI	14.0%
ENDOCRINE	RAVICTI	15.0%	ONCOLOGY - ORAL	BRUKINSA	13.0%
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	82.5%
ENDOCRINE	SIGNIFOR	7.3%	ONCOLOGY - ORAL	CAPRELSA	9.4%
ENDOCRINE	SODIUM PHENYL BUTYRATE	33.1%	ONCOLOGY - ORAL	COMETRIQ	13.0%
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	FOTIVDA	13.2%
ENZYME DEFICIENCY	GALAFOLD	14.0%	ONCOLOGY - ORAL	GILOTRIF	7.3%
ENZYME DEFICIENCY	MIGLUSTAT	33.1%	ONCOLOGY - ORAL	GLEEVEC	15.4%
ENZYME DEFICIENCY	NITISINONE	33.1%	ONCOLOGY - ORAL	GLEOSTINE	15.4%
ENZYME DEFICIENCY	ORFADIN	2.2%	ONCOLOGY - ORAL	HYCAMTIN	14.8%
ENZYME DEFICIENCY	PALYNZIQ	11.4%	ONCOLOGY - ORAL	IBRANCE	14.0%

ENZYME DEFICIENCY	STRENSIQ	11.3%	ONCOLOGY - ORAL	ICLUSIG	12.7%
ENZYME DEFICIENCY	SUCRAID	12.2%	ONCOLOGY - ORAL	IDHIFA	14.5%
ENZYME DEFICIENCY	TEGSEDI	7.3%	ONCOLOGY - ORAL	IMATINIB MESYLATE	92.3%
ENZYME DEFICIENCY	ZAVESCA	7.3%	ONCOLOGY - ORAL	IMBRUVICA	14.0%
GAUCHERS DISEASE	CERDELGA	13.5%	ONCOLOGY - ORAL	INLYTA	13.6%
GENETIC DISORDER	DOJOLVI	15.0%	ONCOLOGY - ORAL	INQOVI	10.4%
GENETIC DISORDER	ZOKINVY	13.5%	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%
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	LUMAKRAS	12.5%
HEMATOLOGIC	BERINERT	12.5%	ONCOLOGY - ORAL	LYNPARZA	12.2%
HEMATOLOGIC	CABLIVI	13.5%	ONCOLOGY - ORAL	MATULANE	13.0%
HEMATOLOGIC	CINRYZE	14.5%	ONCOLOGY - ORAL	MEKINIST	11.4%
HEMATOLOGIC	DOPTELET	13.5%	ONCOLOGY - ORAL	MEKTOVI	14.0%
HEMATOLOGIC	FIRAZYR	14.3%	ONCOLOGY - ORAL	MELPHALAN	33.1%
HEMATOLOGIC	HAEGARDA	12.5%	ONCOLOGY - ORAL	MESNEX	14.0%
HEMATOLOGIC	ICATIBANT	33.1%	ONCOLOGY - ORAL	NERLYNX	14.3%
HEMATOLOGIC	MOZOBIL	13.5%	ONCOLOGY - ORAL	NEXAVAR	12.5%

HEMATOLOGIC	MULPLETA	13.5%	ONCOLOGY - ORAL	NILANDRON	15.0%
HEMATOLOGIC	OXBRYTA	11.9%	ONCOLOGY - ORAL	NILUTAMIDE	40.4%
HEMATOLOGIC	PROMACTA	13.5%	ONCOLOGY - ORAL	NINLARO	13.5%
HEMATOLOGIC	RUCONEST	13.2%	ONCOLOGY - ORAL	NUBEQA	13.5%
HEMATOLOGIC	SAJAZIR	22.8%	ONCOLOGY - ORAL	ODOMZO	13.8%
HEMATOLOGIC	TAKHZYRO	13.5%	ONCOLOGY - ORAL	ONUREG	11.9%
HEMATOLOGIC	TAVALISSE	13.5%	ONCOLOGY - ORAL	ORGOVYX	14.3%
HEMOPHILIA - INFUSED	ADVATE	43.2%	ONCOLOGY - ORAL	PEMAZYRE	14.0%
HEMOPHILIA - INFUSED	ADYNOVATE	34.1%	ONCOLOGY - ORAL	PIQRAY	11.9%
HEMOPHILIA - INFUSED	AFSTYLA	34.0%	ONCOLOGY - ORAL	POMALYST	13.0%
HEMOPHILIA - INFUSED	ALPHANATE/V ON WILLEBRAND	42.0%	ONCOLOGY - ORAL	PURIXAN	12.5%
HEMOPHILIA - INFUSED	ALPHANINE SD	49.3%	ONCOLOGY - ORAL	QINLOCK	14.5%
HEMOPHILIA - INFUSED	ALPROLIX	13.5%	ONCOLOGY - ORAL	RETEVMO	12.5%
HEMOPHILIA - INFUSED	BENEFIX	14.5%	ONCOLOGY - ORAL	REVLIMID	14.8%
HEMOPHILIA - INFUSED	COAGADEX	30.0%	ONCOLOGY - ORAL	ROZLYTREK	15.4%
HEMOPHILIA - INFUSED	CORIFACT	27.9%	ONCOLOGY - ORAL	RUBRACA	14.5%
HEMOPHILIA - INFUSED	ELOCTATE	27.9%	ONCOLOGY - ORAL	RYDAPT	15.4%
HEMOPHILIA - INFUSED	ESPEROCT	22.8%	ONCOLOGY - ORAL	SPRYCEL	15.4%
HEMOPHILIA - INFUSED	FEIBA	40.2%	ONCOLOGY - ORAL	STIVARGA	11.9%
HEMOPHILIA - INFUSED	HEMOFIL M	44.4%	ONCOLOGY - ORAL	SUNITINIB	33.1%
HEMOPHILIA - INFUSED	HUMATE-P	37.1%	ONCOLOGY - ORAL	SUTENT	14.8%
HEMOPHILIA - INFUSED	IDELVION	13.5%	ONCOLOGY - ORAL	TABLOID	15.4%
HEMOPHILIA - INFUSED	IXINITY	13.5%	ONCOLOGY - ORAL	TABRECTA	12.5%
HEMOPHILIA - INFUSED	JIVI	22.8%	ONCOLOGY - ORAL	TAFINLAR	13.5%
HEMOPHILIA - INFUSED	KOATE	42.3%	ONCOLOGY - ORAL	TAGRISSO	13.5%
HEMOPHILIA - INFUSED	KOATE-DVI	42.3%	ONCOLOGY - ORAL	TALZENNA	13.5%
HEMOPHILIA - INFUSED	KOGENATE FS	47.3%	ONCOLOGY - ORAL	TARCEVA	15.3%
HEMOPHILIA - INFUSED	KOVALTRY	45.7%	ONCOLOGY - ORAL	TARGRETIN	14.0%
HEMOPHILIA - INFUSED	MONONINE	31.4%	ONCOLOGY - ORAL	TASIGNA	13.5%
HEMOPHILIA - INFUSED	NOVOEIGHT	44.3%	ONCOLOGY - ORAL	TAZVERIK	13.7%



HEMOPHILIA - INFUSED	NOVOSEVEN RT	38.3%	ONCOLOGY - ORAL	TEMODAR	14.8%
HEMOPHILIA - INFUSED	NUWIQ	48.2%	ONCOLOGY - ORAL	TEMOZOLOMIDE	59.2%
HEMOPHILIA - INFUSED	PROFILNINE	30.0%	ONCOLOGY - ORAL	TEPMETKO	12.5%
HEMOPHILIA - INFUSED	REBINYN	17.6%	ONCOLOGY - ORAL	THALOMID	14.8%
HEMOPHILIA - INFUSED	RECOMBINATE	41.3%	ONCOLOGY - ORAL	TIBSOVO	13.5%
HEMOPHILIA - INFUSED	RIXUBIS	13.7%	ONCOLOGY - ORAL	TRETINOIN	84.6%
HEMOPHILIA - INFUSED	SEVENFACT	22.8%	ONCOLOGY - ORAL	TUKYSA	13.7%
HEMOPHILIA - INFUSED	TRETTEN	14.4%	ONCOLOGY - ORAL	TURALIO	14.0%
HEMOPHILIA - INFUSED	VONVENDI	12.5%	ONCOLOGY - ORAL	TYKERB	14.8%
HEMOPHILIA - INFUSED	WILATE	42.3%	ONCOLOGY - ORAL	UKONIQ	12.5%
HEMOPHILIA - INFUSED	XYNTHA	38.4%	ONCOLOGY - ORAL	VENCLEXTA	12.5%
HEMOPHILIA - INJECTABLE	HEMLIBRA	12.5%	ONCOLOGY - ORAL	VERZENIO	15.2%
HEPATITIS B	ADEFOVIR DIPIVOXIL	33.1%	ONCOLOGY - ORAL	VITRAKVI	14.5%
HEPATITIS B	BARACLUDGE	13.8%	ONCOLOGY - ORAL	VIZIMPRO	8.3%
HEPATITIS B	EMPAVELI	13.5%	ONCOLOGY - ORAL	VOTRIENT	13.5%
HEPATITIS B	ENTECAVIR	83.5%	ONCOLOGY - ORAL	XALKORI	11.9%
HEPATITIS B	EPIVIR HBV	14.3%	ONCOLOGY - ORAL	XELODA	15.4%
HEPATITIS B	HEPSERA	13.7%	ONCOLOGY - ORAL	XOSPATA	14.5%
HEPATITIS B	LAMIVUDINE HBV	33.1%	ONCOLOGY - ORAL	XPOVIO	14.3%
HEPATITIS B	VEMLIDY	13.3%	ONCOLOGY - ORAL	XTANDI	13.5%
HEPATITIS C	EPCLUSA	14.0%	ONCOLOGY - ORAL	YONSA	15.4%
HEPATITIS C	HARVONI	15.0%	ONCOLOGY - ORAL	ZEJULA	13.7%
HEPATITIS C	LEDIPASVIR/SO FOSBUVIR	15.0%	ONCOLOGY - ORAL	ZELBORAF	13.0%
HEPATITIS C	MAVYRET	14.0%	ONCOLOGY - ORAL	ZOLINZA	14.8%
HEPATITIS C	PEGASYS	16.5%	ONCOLOGY - ORAL	ZYDELIG	14.5%
HEPATITIS C	PEGINTRON	17.5%	ONCOLOGY - ORAL	ZYKADIA	13.0%
HEPATITIS C	SOFOSBUVIR/V ELPATASVIR	14.0%	ONCOLOGY - ORAL	ZYTIGA	13.5%
HEPATITIS C	SOVALDI	14.0%	ONCOLOGY - TOPICAL	TARGRETIN	14.0%
HEPATITIS C	VIEKIRA PAK	13.5%	ONCOLOGY - TOPICAL	VALCHLOR	9.9%
HEPATITIS C	VOSEVI	14.0%	OPHTHALMIC	OXERVATE	12.5%
HEPATITIS C	ZEPATIER	13.9%	OSTEOPOROSIS	FORTEO	13.9%

HEREDITARY ANGIOEDEMA	ORLADEYO	13.0%	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	LUPKYNIS	14.3%	PARKINSONS DISEASE	INBRIJA	12.5%
IMMUNOLOGICAL AGENTS	PALFORZIA	9.4%	PARKINSONS DISEASE	KYNMOBI	9.4%
INFERTILITY	CETROTIDE	17.2%	PULMONARY DISEASE	ESBRIET	13.5%
INFERTILITY	CHORIONIC GONADOTROPIN	69.6%	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	58.8%
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	14.5%	PULMONARY HYPERTENSION	UPTRAVI	14.8%
INFLAMMATORY CONDITIONS	HUMIRA	16.1%	PULMONARY HYPERTENSION	VENTAVIS*	13.0%

\*Includes  
Nebulizer  
10/2021

**The following guarantees are effective January 1, 2024 through December 31, 2024:**

Pharmacy Financials	
Definition	Pharmacy rate guarantees.
Measurement and Criteria	01/01/2024 <b>Combined Discount Guarantee - Standard Select/CVS Network</b>

-	Retail Brand, Average Wholesale Price (AWP) less	20.00%		
	Retail Brand -- 90 Day Supply, AWP less	24.00%		
	Retail Generic - 30 and 90 Day Supply, AWP less	83.00%		
	Mail Order Brand, AWP less	26.70%		
	Mail Order Generic, AWP less	85.00%		
	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.			
	<b>Dispensing Fees - Standard Select/CVS Network</b>			
-	Retail Brand - 30 Day	\$0.50		
	Retail Brand -- 90 Day Supply	\$0.25		
	Retail Generic - 30 Day	\$0.50		
	Retail Generic -- 90 Day Supply	\$0.25		
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
	<b>Fixed Rebate Guarantee (Traditional PDL)</b>			
-	Basis, per script	Brand		
-	Retail - 30 and 90 Day	\$349.56		
-	Mail Order	\$785.19		
-	Specialty	Included In Retail	Included In Retail	Included In Retail
-	<b>Credits and Allowances</b>			
-	Administrative Fee Credit (PEPM)	\$43.00		
Level	Customer Specific			
Period	Annually			
Payment Period	Annually			
Payment Amount -- Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.			
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.			
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.			
Conditions	<p><b>Discount &amp; Dispense Fee Specific Conditions</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does not apply to items covered under the Plan for which no AWP measure exists.</li> <li>• 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.</li> <li>• 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.</li> <li>• The Arrangement excludes usual &amp; customary claims, vaccines, long term care facility claims, over-the-counter claims.</li> <li>• The Arrangement includes veterans' affairs facility claims.</li> <li>• The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater.</li> <li>• The Mail Order guarantee includes drugs dispensed for 46 days or greater.</li> </ul>			

- 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 Traditional 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 (e.g., coordination of benefits and subrogation claims)
    - claims approved by formulary exception
    - claims not covered by Customer's benefit design or PDL
    - claims receiving 340B pricing
    - long term care pharmacy claims
    - federal government pharmacy claims
    - claims for non-FDA approved products
    - compound drug claims
    - consumer card or discount card program claims
    - direct member reimbursement claims
  - Vaccines are excluded from the claim counts.
  - Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the introduction of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
- 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
  - United will pay Fixed Rebates consistent with the Agreement. To the extent Rebates paid to United exceed the Fixed Rebate amount, We will retain the excess, including any Rebates United may earn on prescription drug products in any tiers not included in this arrangement and any related interest.
  - 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 the end of the Pharmacy Pricing Term, 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.

**Credits and Allowances**

- **Administrative Fee Credit:** In addition to the guaranteed Rebates, Customer will receive an administrative fee credit. Under this arrangement, Rebates retained by United are used to lower the medical administration fee.

**General Conditions**

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2024 through 12/31/2024 ("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.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 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 353 Employees and 779 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.

United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates with an effective date prior to the end of the Pharmacy Pricing Term.

- 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 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.

**Brand / Generic Reconciliation Definition**

- **Brand Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, which is manufactured and distributed by an innovator drug company, or its licensee, set forth in Medi-Span's National Drug Data File as a brand drug identified by all of the products meeting at least one of the following criteria:

- Medi-Span Multi-Source Code ("MSC") is equal to M, O, or N.

- **Generic Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, that is therapeutically equivalent to other pharmaceutically equivalent products, as set forth in Medi-Span's National Drug Data File as a generic drug identified by all products meeting at least one of the following criteria:

- Medi-Span Multi-Source Code ("MSC") is equal to Y.

TRRX  
(03/2023)

Specialty Pharmacy	
Specialty Pharmacy Discount Guarantee	
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.
Measurement	Discount targets for individual drugs dispensed through United's specialty Pharmacy Network. See chart below. 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%.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through our specialty Pharmacy Network will be multiplied against the discount targets for the individual drugs to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period. 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.
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"> <li>• 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.</li> <li>• Specialty drugs dispensed outside United's specialty Pharmacy Network and drugs for which no AWP measure exists are excluded.</li> <li>• 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).</li> <li>• Limited Distribution (LDD) status is subject to change based on manufacturer decision.</li> <li>• 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.</li> <li>• United reserves the right to revise or revoke this guarantee if:               <ol style="list-style-type: none"> <li>a) material changes in federal, state or other applicable law or regulation require modifications;</li> <li>b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee;</li> <li>c) Customer makes benefit changes that impact the guarantee;</li> <li>d) there is a material industry change in pricing methodologies resulting in a new source or benchmark;</li> </ol> </li> <li>• 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.</li> </ul>

Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)	Specialty Drug Category	Drug Name	LDD Indicator	Guarantee Pricing (AWP-%)
ANEMIA	ARANESP	No	14.50%	INFLAMMATORY CONDITIONS	HUMIRA	No	16.10%
ANEMIA	EPOGEN	No	13.30%	INFLAMMATORY CONDITIONS	ILUMYA	No	14.10%
ANEMIA	PROCRIT	No	13.60%	INFLAMMATORY CONDITIONS	KEVZARA	No	9.90%
ANEMIA	RETACRIT	No	14.10%	INFLAMMATORY CONDITIONS	KINERET	Yes	13.50%
ANTICONVULSANT	DIACOMIT	Yes	12.50%	INFLAMMATORY CONDITIONS	OLUMIANT	Yes	12.50%

ANTICONVULSANT	EPIDIOLEX	Yes	12.50%	INFLAMMATORY CONDITIONS	OPZELURA	No	10.90%
ANTICONVULSANT	FINTEPLA	Yes	10.40%	INFLAMMATORY CONDITIONS	ORENCIA	No	14.20%
ANTHYPERLIPIDE MIC	JUXTAPID	Yes	13.20%	INFLAMMATORY CONDITIONS	OTEZLA	No	14.00%
ANTI-INFECTIVE	ARIKAYCE	Yes	13.00%	INFLAMMATORY CONDITIONS	RIDAURA	No	14.10%
ANTI-INFECTIVE	DARAPRIM	Yes	12.50%	INFLAMMATORY CONDITIONS	RINVOQ	No	14.10%
ANTI-INFECTIVE	PYRIMETHA MINE	Yes	12.50%	INFLAMMATORY CONDITIONS	SILIQ	Yes	11.40%
ANTIVIRAL	LIVTENCITY	Yes	13.00%	INFLAMMATORY CONDITIONS	SIMPONI	No	14.10%
ASTHMA	FASENRA	Yes	12.50%	INFLAMMATORY CONDITIONS	SKYRIZI	No	18.10%
ASTHMA	NUCALA	Yes	12.50%	INFLAMMATORY CONDITIONS	STELARA	No	16.10%
ASTHMA	XOLAIR	Yes	12.50%	INFLAMMATORY CONDITIONS	TALTZ	No	11.40%
CARDIOVASCULAR	DROXIDOPA	Yes	33.00%	INFLAMMATORY CONDITIONS	TREMFYA	No	14.10%
CARDIOVASCULAR	NORTHERA	Yes	14.00%	INFLAMMATORY CONDITIONS	XELJANZ	No	14.10%
CARDIOVASCULAR	VYNDAMAX	Yes	15.20%	INFLAMMATORY CONDITIONS	XELJANZ XR	No	14.10%
CARDIOVASCULAR	VYNDAQEL	Yes	12.50%	IRON OVERLOAD	DEFERASIROX	Yes	66.40%
CNS AGENTS	AUSTEDO	No	13.50%	IRON OVERLOAD	EXJADE	Yes	12.10%
CNS AGENTS	ENSPRYNG	Yes	11.90%	IRON OVERLOAD	FERRIPROX	Yes	12.50%
CNS AGENTS	EXSERVAN	Yes	13.50%	IRON OVERLOAD	JADENU	No	13.50%
CNS AGENTS	FIRDAPSE	Yes	10.40%	LIVER DISEASE	OCALIVA	Yes	15.00%
CNS AGENTS	HETLIOZ	Yes	14.00%	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Yes	13.50%
CNS AGENTS	INGREZZA	Yes	13.00%	MOOD DISORDER DRUGS	SPRAVATO	No	13.50%
CNS AGENTS	RILUTEK	No	13.50%	MULTIPLE SCLEROSIS	AMPYRA	Yes	11.70%
CNS AGENTS	RILUZOLE	No	92.60%	MULTIPLE SCLEROSIS	AUBAGIO	Yes	12.50%
CNS AGENTS	RUZURGI	No	11.40%	MULTIPLE SCLEROSIS	AVONEX	No	14.00%
CNS AGENTS	SABRIL	Yes	16.10%	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	14.00%
CNS AGENTS	TETRABENAZINE	No	48.50%	MULTIPLE SCLEROSIS	BETASERON	No	14.10%
CNS AGENTS	TIGLUTIK	Yes	10.40%	MULTIPLE SCLEROSIS	COPAXONE	No	14.70%
CNS AGENTS	VIGABATRIN	No	17.60%	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Yes	92.80%
CNS AGENTS	VIGADRONE	Yes	16.60%	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	Yes	79.40%
CNS AGENTS	XENAZINE	Yes	15.50%	MULTIPLE SCLEROSIS	EXTAVIA	No	14.10%
CNS AGENTS	XYREM	Yes	6.30%	MULTIPLE SCLEROSIS	GILENYA	No	14.00%
CNS AGENTS	XYWAV	Yes	7.30%	MULTIPLE SCLEROSIS	GLATIRAMER	No	79.40%
CYSTIC FIBROSIS	BETHKIS	No	11.40%	MULTIPLE SCLEROSIS	GLATOPA	No	79.40%
CYSTIC FIBROSIS	CAYSTON	Yes	14.50%	MULTIPLE SCLEROSIS	KESIMPTA	No	14.00%
CYSTIC FIBROSIS	KALYDECO	Yes	13.50%	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	14.00%
CYSTIC FIBROSIS	KITABIS PAK	No	12.50%	MULTIPLE SCLEROSIS	MAYZENT	Yes	14.00%

CYSTIC FIBROSIS	ORKAMBI	Yes	13.50%	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	13.50%
CYSTIC FIBROSIS	PULMOZYME	Yes	15.00%	MULTIPLE SCLEROSIS	PONVORY	Yes	10.90%
CYSTIC FIBROSIS	SYMDEKO	Yes	13.50%	MULTIPLE SCLEROSIS	REBIF	No	14.00%
CYSTIC FIBROSIS	TOBI	No	13.80%	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	14.00%
CYSTIC FIBROSIS	TOBI PODHALER	No	13.80%	MULTIPLE SCLEROSIS	TECFIDERA	Yes	14.00%
CYSTIC FIBROSIS	TOBRAMYCIN	No	69.10%	MULTIPLE SCLEROSIS	VUMERITY	Yes	12.50%
CYSTIC FIBROSIS	TRIKAFTA	Yes	13.50%	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	12.50%
ENDOCRINE	BUPHENYL	No	14.80%	MUSCULOSKELETAL AGENTS	EVRYSDI	Yes	7.30%
ENDOCRINE	BYNFEZIA	No	8.30%	MUSCULOSKELETAL AGENTS	VOXZOGO	Yes	11.40%
ENDOCRINE	CARBAGLU	Yes	7.30%	NARCOLEPSY	WAKIX	Yes	13.50%
ENDOCRINE	CHENODAL	Yes	9.40%	NEUTROPENIA	FULPHILA	No	13.80%
ENDOCRINE	CLOVIQUE	No	33.00%	NEUTROPENIA	GRANIX	No	13.80%
ENDOCRINE	CORTROPHIN	Yes	10.40%	NEUTROPENIA	LEUKINE	No	13.80%
ENDOCRINE	CUPRIMINE	No	14.10%	NEUTROPENIA	NEULASTA	No	13.80%
ENDOCRINE	CYSTADANE	Yes	10.40%	NEUTROPENIA	NEUPOGEN	No	13.80%
ENDOCRINE	CYSTADROPS	Yes	10.40%	NEUTROPENIA	NIVESTYM	No	13.80%
ENDOCRINE	CYSTARAN	Yes	13.00%	NEUTROPENIA	NYVEPRIA	No	11.40%
ENDOCRINE	DEPEN TITRATABS	No	14.00%	NEUTROPENIA	UDENYCA	No	13.80%
ENDOCRINE	D-PENAMINE	No	13.00%	NEUTROPENIA	ZARXIO	No	13.80%
ENDOCRINE	EGRIFTA	Yes	13.50%	NEUTROPENIA	ZIEXTENZO	No	13.50%
ENDOCRINE	FIRMAGON	No	13.50%	ONCOLOGY - INJECTABLE	ELIGARD	No	12.60%
ENDOCRINE	GATTEX	Yes	14.80%	ONCOLOGY - INJECTABLE	INTRON A	Yes	13.50%
ENDOCRINE	H.P. ACTHAR	Yes	13.50%	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	62.90%
ENDOCRINE	IMCIVREE	Yes	13.50%	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	13.80%
ENDOCRINE	ISTURISA	Yes	10.40%	ONCOLOGY - ORAL	ABIRATERONE	No	82.50%
ENDOCRINE	JYNARQUE	Yes	12.50%	ONCOLOGY - ORAL	AFINITOR	No	14.10%
ENDOCRINE	KEVEYIS	Yes	13.00%	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	14.10%
ENDOCRINE	KORLYM	Yes	11.40%	ONCOLOGY - ORAL	ALECENSA	Yes	14.10%
ENDOCRINE	KUVAN	Yes	12.70%	ONCOLOGY - ORAL	ALKERAN	No	15.40%
ENDOCRINE	LANREOTIDE	Yes	10.40%	ONCOLOGY - ORAL	ALUNBRIG	Yes	11.90%
ENDOCRINE	MYALEPT	Yes	7.30%	ONCOLOGY - ORAL	AYVAKIT	Yes	14.50%
ENDOCRINE	MYCAPSSA	Yes	11.40%	ONCOLOGY - ORAL	BALVERSA	Yes	13.50%
ENDOCRINE	NATPARA	Yes	13.20%	ONCOLOGY - ORAL	BEXAROTENE	No	33.50%
ENDOCRINE	NITYR	Yes	13.00%	ONCOLOGY - ORAL	BOSULIF	Yes	13.50%
ENDOCRINE	OCTREOTIDE ACETATE	No	56.80%	ONCOLOGY - ORAL	BRAFTOVI	Yes	14.00%
ENDOCRINE	PENICILLAMINE	No	33.00%	ONCOLOGY - ORAL	BRUKINSA	Yes	13.00%
ENDOCRINE	PROCYSBI	Yes	7.30%	ONCOLOGY - ORAL	CABOMETYX	Yes	12.50%



ENDOCRINE	RAVICTI	Yes	15.00%	ONCOLOGY - ORAL	CALQUENCE	Yes	13.50%
ENDOCRINE	SAMSCA	Yes	13.50%	ONCOLOGY - ORAL	CAPECITABINE	No	82.50%
ENDOCRINE	SANDOSTATIN	No	13.80%	ONCOLOGY - ORAL	CAPRELSA	Yes	9.40%
ENDOCRINE	SAPROPTERIN	Yes	41.30%	ONCOLOGY - ORAL	COMETRIQ	Yes	13.00%
ENDOCRINE	SIGNIFOR	Yes	7.30%	ONCOLOGY - ORAL	COPIKTRA	Yes	14.50%
ENDOCRINE	SODIUM PHENYL BUTYRATE	No	33.00%	ONCOLOGY - ORAL	COTELLIC	Yes	12.50%
ENDOCRINE	SOMATULINE DEPOT	Yes	13.50%	ONCOLOGY - ORAL	DAURISMO	Yes	12.50%
ENDOCRINE	SOMAVERT	Yes	10.60%	ONCOLOGY - ORAL	ERIVEDGE	Yes	12.50%
ENDOCRINE	SYPRINE	No	13.50%	ONCOLOGY - ORAL	ERLEADA	No	13.50%
ENDOCRINE	THIOLA	Yes	11.40%	ONCOLOGY - ORAL	ERLOTINIB	Yes	33.00%
ENDOCRINE	TOLVAPTAN	Yes	33.00%	ONCOLOGY - ORAL	ETOPOSIDE	No	33.00%
ENDOCRINE	TRIENTINE	No	84.50%	ONCOLOGY - ORAL	EVEROLIMUS	No	45.40%
ENDOCRINE	XERMELO	Yes	13.00%	ONCOLOGY - ORAL	EXKIVITY	Yes	13.00%
ENDOCRINE	XURIDEN	Yes	12.50%	ONCOLOGY - ORAL	FARYDAK	Yes	11.40%
ENZYME DEFICIENCY	CHOLBAM	Yes	4.20%	ONCOLOGY - ORAL	FOTIVDA	Yes	13.20%
ENZYME DEFICIENCY	CYSTAGON	Yes	10.90%	ONCOLOGY - ORAL	GAVRETO	Yes	12.50%
ENZYME DEFICIENCY	GALAFOLD	Yes	14.00%	ONCOLOGY - ORAL	GILOTRIF	Yes	7.30%
ENZYME DEFICIENCY	MIGLUSTAT	No	33.00%	ONCOLOGY - ORAL	GLEEVEC	No	15.40%
ENZYME DEFICIENCY	NITISINONE	Yes	33.00%	ONCOLOGY - ORAL	GLEOSTINE	No	15.40%
ENZYME DEFICIENCY	ORFADIN	Yes	2.20%	ONCOLOGY - ORAL	HYCAMTIN	No	14.80%
ENZYME DEFICIENCY	PALYNZIQ	Yes	11.40%	ONCOLOGY - ORAL	IBRANCE	Yes	14.00%
ENZYME DEFICIENCY	STRENSIQ	Yes	11.30%	ONCOLOGY - ORAL	ICLUSIG	Yes	12.70%
ENZYME DEFICIENCY	SUCRAID	Yes	12.20%	ONCOLOGY - ORAL	IDHIFA	No	14.50%
ENZYME DEFICIENCY	TEGSEDI	Yes	7.30%	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	92.30%
ENZYME DEFICIENCY	ZAVESCA	Yes	7.30%	ONCOLOGY - ORAL	IMBRUVICA	Yes	14.00%
GAUCHERS DISEASE	CERDELGA	Yes	13.50%	ONCOLOGY - ORAL	INLYTA	Yes	13.60%
GENETIC DISORDER	DOJOLVI	Yes	15.00%	ONCOLOGY - ORAL	INQOVI	Yes	10.40%
GENETIC DISORDER	ZOKINVY	Yes	13.50%	ONCOLOGY - ORAL	INREBIC	Yes	12.50%
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	14.10%	ONCOLOGY - ORAL	IRESSA	Yes	14.50%
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	14.70%	ONCOLOGY - ORAL	JAKAFI	Yes	12.50%
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	13.50%	ONCOLOGY - ORAL	KISQALI	Yes	14.50%

GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	16.00%	ONCOLOGY - ORAL	KISQALI FEMARA	Yes	15.00%
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	14.20%	ONCOLOGY - ORAL	KOSELUGO	Yes	13.70%
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	14.50%	ONCOLOGY - ORAL	LAPATINIB	Yes	33.00%
GROWTH HORMONE DEFICIENCY	SAIZEN	No	17.50%	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	33.00%
GROWTH HORMONE DEFICIENCY	SEROSTIM	Yes	13.50%	ONCOLOGY - ORAL	LENVIMA	Yes	14.50%
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	11.40%	ONCOLOGY - ORAL	LONSURF	Yes	12.50%
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	14.70%	ONCOLOGY - ORAL	LORBRENA	Yes	11.40%
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	13.00%	ONCOLOGY - ORAL	LUMAKRAS	Yes	12.50%
HEMATOLOGIC	BERINERT	Yes	12.50%	ONCOLOGY - ORAL	LYNPARZA	Yes	12.20%
HEMATOLOGIC	CABLIVI	Yes	13.50%	ONCOLOGY - ORAL	MATULANE	Yes	13.00%
HEMATOLOGIC	CINRYZE	Yes	14.50%	ONCOLOGY - ORAL	MEKINIST	Yes	11.40%
HEMATOLOGIC	DOPTELET	Yes	13.50%	ONCOLOGY - ORAL	MEKTOVI	Yes	14.00%
HEMATOLOGIC	FIRAZYR	Yes	14.30%	ONCOLOGY - ORAL	MELPHALAN	No	33.00%
HEMATOLOGIC	HAEGARDA	Yes	12.50%	ONCOLOGY - ORAL	MESNEX	No	14.00%
HEMATOLOGIC	ICATIBANT	Yes	33.00%	ONCOLOGY - ORAL	NERLYNX	Yes	14.30%
HEMATOLOGIC	MOZOBIL	No	13.50%	ONCOLOGY - ORAL	NEXAVAR	Yes	12.50%
HEMATOLOGIC	MULPLETA	No	13.50%	ONCOLOGY - ORAL	NILANDRON	No	15.00%
HEMATOLOGIC	OXBRYTA	Yes	11.90%	ONCOLOGY - ORAL	NILUTAMIDE	No	40.40%
HEMATOLOGIC	PROMACTA	Yes	13.50%	ONCOLOGY - ORAL	NINLARO	No	13.50%
HEMATOLOGIC	REZUROCK	Yes	13.20%	ONCOLOGY - ORAL	NUBEQA	Yes	13.50%
HEMATOLOGIC	RUCONEST	Yes	13.20%	ONCOLOGY - ORAL	ODOMZO	No	13.80%
HEMATOLOGIC	SAJAZIR	Yes	22.80%	ONCOLOGY - ORAL	ONUREG	No	11.90%
HEMATOLOGIC	TAKHZYRO	Yes	13.50%	ONCOLOGY - ORAL	ORGOVYX	Yes	14.30%
HEMATOLOGIC	TAVALISSE	Yes	13.50%	ONCOLOGY - ORAL	PEMAZYRE	Yes	14.00%
HEMOPHILIA - INFUSED	ADVATE	No	43.20%	ONCOLOGY - ORAL	PIQRAY	No	11.90%
HEMOPHILIA - INFUSED	ADYNOVATE	No	34.10%	ONCOLOGY - ORAL	POMALYST	Yes	13.00%
HEMOPHILIA - INFUSED	AFSTYLA	No	34.00%	ONCOLOGY - ORAL	PURIXAN	No	12.50%
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	42.00%	ONCOLOGY - ORAL	QINLOCK	Yes	14.50%
HEMOPHILIA - INFUSED	ALPHANINE SD	No	49.30%	ONCOLOGY - ORAL	RETEVMO	Yes	12.50%

HEMOPHILIA - INFUSED	ALPROLIX	No	13.50%	ONCOLOGY - ORAL	REVLIMID	Yes	14.80%
HEMOPHILIA - INFUSED	BENEFIX	No	14.50%	ONCOLOGY - ORAL	ROZLYTREK	No	15.40%
HEMOPHILIA - INFUSED	COAGADEX	Yes	30.00%	ONCOLOGY - ORAL	RUBRACA	Yes	14.50%
HEMOPHILIA - INFUSED	CORIFACT	No	27.90%	ONCOLOGY - ORAL	RYDAPT	No	15.40%
HEMOPHILIA - INFUSED	ELOCTATE	No	27.90%	ONCOLOGY - ORAL	SCSEMBLIX	No	11.40%
HEMOPHILIA - INFUSED	ESPEROCT	No	22.80%	ONCOLOGY - ORAL	SPRYCEL	No	15.40%
HEMOPHILIA - INFUSED	FEIBA	No	40.20%	ONCOLOGY - ORAL	STIVARGA	Yes	11.90%
HEMOPHILIA - INFUSED	HEMOPIL M	No	44.40%	ONCOLOGY - ORAL	SUNITINIB	Yes	33.00%
HEMOPHILIA - INFUSED	HUMATE-P	No	37.10%	ONCOLOGY - ORAL	SUTENT	Yes	14.80%
HEMOPHILIA - INFUSED	IDELVION	No	13.50%	ONCOLOGY - ORAL	TABLOID	No	15.40%
HEMOPHILIA - INFUSED	IXINITY	No	13.50%	ONCOLOGY - ORAL	TABRECTA	No	12.50%
HEMOPHILIA - INFUSED	JIVI	No	22.80%	ONCOLOGY - ORAL	TAFINLAR	Yes	13.50%
HEMOPHILIA - INFUSED	KOATE	No	42.30%	ONCOLOGY - ORAL	TAGRISSO	Yes	13.50%
HEMOPHILIA - INFUSED	KOATE-DVI	No	42.30%	ONCOLOGY - ORAL	TALZENNA	Yes	13.50%
HEMOPHILIA - INFUSED	KOGENATE FS	No	47.30%	ONCOLOGY - ORAL	TARCEVA	Yes	15.30%
HEMOPHILIA - INFUSED	KOVALTRY	No	45.70%	ONCOLOGY - ORAL	TARGRETIN	No	14.00%
HEMOPHILIA - INFUSED	MONONINE	No	31.40%	ONCOLOGY - ORAL	TASIGNA	Yes	13.50%
HEMOPHILIA - INFUSED	NOVOEIGHT	No	44.30%	ONCOLOGY - ORAL	TAZVERIK	Yes	13.70%
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	38.30%	ONCOLOGY - ORAL	TEMODAR	No	14.80%
HEMOPHILIA - INFUSED	NUWIQ	No	48.20%	ONCOLOGY - ORAL	TEMOZOLOMI DE	No	59.20%
HEMOPHILIA - INFUSED	PROFILNINE	No	30.00%	ONCOLOGY - ORAL	TEPMETKO	Yes	12.50%
HEMOPHILIA - INFUSED	REBINYN	No	17.60%	ONCOLOGY - ORAL	THALOMID	Yes	14.80%
HEMOPHILIA - INFUSED	RECOMBINATE	No	41.30%	ONCOLOGY - ORAL	TIBSOVO	Yes	13.50%
HEMOPHILIA - INFUSED	RIXUBIS	No	13.70%	ONCOLOGY - ORAL	TRETINOIN	No	84.50%
HEMOPHILIA - INFUSED	SEVENFACT	No	22.80%	ONCOLOGY - ORAL	TRUSELTIQ	Yes	13.00%
HEMOPHILIA - INFUSED	TRETTEN	Yes	14.40%	ONCOLOGY - ORAL	TUKYSA	Yes	13.70%
HEMOPHILIA - INFUSED	VONVENDI	Yes	12.50%	ONCOLOGY - ORAL	TURALIO	Yes	14.00%
HEMOPHILIA - INFUSED	WILATE	No	42.30%	ONCOLOGY - ORAL	TYKERB	Yes	14.80%
HEMOPHILIA - INFUSED	XYNTHA	No	38.40%	ONCOLOGY - ORAL	UKONIQ	Yes	12.50%
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	12.50%	ONCOLOGY - ORAL	VENCLEXTA	Yes	12.50%
HEPATITIS B	ADEFOVIR DIPIVOXIL	No	33.00%	ONCOLOGY - ORAL	VERZENIO	Yes	15.20%
HEPATITIS B	BARACLUDE	No	13.80%	ONCOLOGY - ORAL	VITRAKVI	Yes	14.50%
HEPATITIS B	EMPAVELI	Yes	13.50%	ONCOLOGY - ORAL	VIZIMPRO	Yes	8.30%
HEPATITIS B	ENTECAVIR	No	83.50%	ONCOLOGY - ORAL	VOTRIENT	Yes	13.50%

HEPATITIS B	EPIVIR HBV	No	14.30%	ONCOLOGY - ORAL	WELIREG	Yes	13.20%
HEPATITIS B	HEPSERA	No	13.70%	ONCOLOGY - ORAL	XALKORI	Yes	11.90%
HEPATITIS B	LAMIVUDINE HBV	No	33.00%	ONCOLOGY - ORAL	XELODA	No	15.40%
HEPATITIS B	VEMLIDY	No	13.30%	ONCOLOGY - ORAL	XOSPATA	Yes	14.50%
HEPATITIS C	EPCLUSA	No	14.00%	ONCOLOGY - ORAL	XPOVIO	Yes	14.30%
HEPATITIS C	HARVONI	No	15.00%	ONCOLOGY - ORAL	XTANDI	Yes	13.50%
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	No	15.00%	ONCOLOGY - ORAL	YONSA	No	15.40%
HEPATITIS C	MAVYRET	No	14.00%	ONCOLOGY - ORAL	ZEJULA	Yes	13.70%
HEPATITIS C	PEGASYS	No	16.50%	ONCOLOGY - ORAL	ZELBORAF	Yes	13.00%
HEPATITIS C	PEGINTRON	No	17.50%	ONCOLOGY - ORAL	ZOLINZA	No	14.80%
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	No	14.00%	ONCOLOGY - ORAL	ZYDELIG	Yes	14.50%
HEPATITIS C	SOVALDI	No	14.00%	ONCOLOGY - ORAL	ZYKADIA	Yes	13.00%
HEPATITIS C	VIEKIRA PAK	No	13.50%	ONCOLOGY - ORAL	ZYTIGA	No	13.50%
HEPATITIS C	VOSEVI	No	14.00%	ONCOLOGY - TOPICAL	TARGRETIN	No	14.00%
HEPATITIS C	ZEPATIER	No	13.90%	ONCOLOGY - TOPICAL	VALCHLOR	Yes	9.90%
HEPATOLOGY	BYLVAY	Yes	11.40%	OPHTHALMIC	OXERVATE	Yes	12.50%
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	13.00%	OSTEOPOROSIS	FORTEO	No	13.90%
IMMUNE MODULATOR	ACTIMMUNE	Yes	14.30%	OSTEOPOROSIS	TERIPARATIDE	No	13.50%
IMMUNE MODULATOR	ARCALYST	Yes	15.00%	OSTEOPOROSIS	TYMLOS	No	13.30%
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	14.30%	PARKINSONS DISEASE	APOKYN	Yes	11.50%
IMMUNOLOGICAL AGENTS	PALFORZIA	Yes	9.40%	PARKINSONS DISEASE	INBRIJA	Yes	12.50%
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	14.10%	PARKINSONS DISEASE	KYNMOBI	Yes	9.40%
INFERTILITY	CETROTIDE	No	17.20%	PULMONARY DISEASE	ESBRIET	Yes	13.50%
INFERTILITY	CHORIONIC GONADOTROPIN	No	69.60%	PULMONARY DISEASE	OFEV	Yes	12.50%
INFERTILITY	FOLLISTIM AQ	No	24.30%	PULMONARY HYPERTENSION	ADCIRCA	No	13.50%
INFERTILITY	GANIRELIX ACETATE	No	16.60%	PULMONARY HYPERTENSION	ADEMPAS	Yes	13.50%
INFERTILITY	GONAL-F	No	22.90%	PULMONARY HYPERTENSION	ALYQ	No	58.80%
INFERTILITY	GONAL-F RFF	No	22.90%	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	58.80%
INFERTILITY	MENOPUR	No	16.80%	PULMONARY HYPERTENSION	BOSENTAN	Yes	33.00%
INFERTILITY	NOVAREL	No	33.00%	PULMONARY HYPERTENSION	LETAIRIS	Yes	12.70%
INFERTILITY	OVIDREL	No	17.20%	PULMONARY HYPERTENSION	OPSUMIT	Yes	13.70%
INFERTILITY	PREGNYL	No	33.00%	PULMONARY HYPERTENSION	ORENITRAM	Yes	13.50%
INFLAMMATORY CONDITIONS	ACTEMRA	No	14.20%	PULMONARY HYPERTENSION	REVATIO	No	13.30%

INFLAMMATORY CONDITIONS	ADBRY	Yes	10.40%	PULMONARY HYPERTENSION	SILDENAFIL	No	95.70%
INFLAMMATORY CONDITIONS	CIBINQO	No	13.50%	PULMONARY HYPERTENSION	TADALAFIL	No	33.00%
INFLAMMATORY CONDITIONS	CIMZIA	No	15.50%	PULMONARY HYPERTENSION	TRACLEER	Yes	13.50%
INFLAMMATORY CONDITIONS	COSENTYX	No	13.50%	PULMONARY HYPERTENSION	TYVASO	Yes	13.00%
INFLAMMATORY CONDITIONS	DUPIXENT	No	14.10%	PULMONARY HYPERTENSION	UPTRAVI	Yes	14.80%
INFLAMMATORY CONDITIONS	EMFLAZA	Yes	10.90%	PULMONARY HYPERTENSION	VENTAVIS*	Yes	13.00%
INFLAMMATORY CONDITIONS	ENBREL	No	14.50%				

\*Includes Nebulizer

6/2022