



EXHIBIT
"A"

August 30, 2023

City of Round Rock
221 East Main Street
Round Rock, TX 78664

RE: January 1, 2024 Financial Renewal under the Administrative Services Agreement ("ASA") between United HealthCare Services, Inc. and City of Round Rock

This letter is confirmation of your Financial Renewal per the attached exhibits.

Please feel free to contact me with any questions regarding the attachments. Please file this letter and its attachments with your ASA.

Thank you,

A handwritten signature in black ink that reads 'Bambi Kenney'.

Bambi Kenney

Associate Contract Manager

CC: Laurie Macina, Strategic Account Executive
Attachments: Exhibit B and C

Renewal 2Q2023
Agreement No. 66492.3

EXHIBIT B – FEES

This Exhibit describes the Fees Customer agrees to pay to United in exchange for the Services.

Medical Fees

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

Final Claims Fiduciary: United

Prescription Drug List: Traditional

Effective January 1, 2024 through December 31, 2024

Average Contract Size: 2.25

The Fees include a Pharmacy Administrative Fee credit in the amount of \$40.00 per Employee per month.

The Fees listed below are based upon an estimated minimum of 954 enrolled Employees.

Choice Plus Plan: \$10.79 per Employee per month.

Choice Plan: \$10.79 per Employee per month.

Effective January 1, 2025 through December 31, 2025

Choice Plus Plan: \$52.31 per Employee per month.

Choice Plan: \$52.31 per Employee per month.

Effective January 1, 2026 through December 31, 2026

Choice Plus Plan: \$53.88 per Employee per month.

Choice Plan: \$53.88 per Employee per month.

Credits

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, 2026, Customer will pay United a prorated portion of this credit.

\$5,000 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, 2026, Customer will pay United a prorated portion of this credit.

\$25,000 Wellness allowance per year

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. 	24% of the gross recovery amount
Coordination of Benefits ("COB") <ul style="list-style-type: none"> Verify primary/secondary payer accuracy Identify claims to be investigated using a layered approach to identify other primary payers: <ol style="list-style-type: none"> 1. Eligibility match to other commercial payers 2. Eligibility match to Medicare Correct pre-adjudicated claims prior to claim payment Update claims systems with other primary/secondary payers' information COB indicators set to edit subsequent claims with primary/secondary payers' information 	No additional Fee.
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. 	10% of the gross recovery amount.
Focused Claim Review <ul style="list-style-type: none"> Review of claims for inappropriate billing of services not documented in clinical notes. Board certified, same-specialty medical directors. Pre-adjudicated claims or post-adjudicated claims. 	22% of the gross recovery amount.
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. Evaluate claims to identify inappropriate levels of care, coding and/or resource utilization. Management can include pre-adjudicated claims or post-adjudicated claims. 	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. 	22% of the gross recovery amount
Litigation and Arbitration Fees for Recoveries <ul style="list-style-type: none"> Litigation, arbitration, or other judicial process to recover any Overpayments and other Plan recovery opportunities. Outside attorneys' fees and costs or administrative process fees directly incurred with litigation, arbitration, or other judicial process. Pre-adjudicated claims or post-adjudication claims 	Outside attorneys' fees and costs or administrative process fees will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit).
Third Party Liability - Subrogation and Injury Coverage Coordination	33.33% of the applicable savings amount.

Service Description	Fee
<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. 	

Other Fees

Service Description	Fee
Naviguard Program <ul style="list-style-type: none"> Offers reimbursement methodologies for emergent and non-emergent 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 Participants can access resources, and on-line tools and materials to help Participants stay in network and where assistance is provided in explaining reimbursement methodologies. For claims above a threshold established by United, the advocacy component includes United negotiating with a provider on behalf of a Participant with respect to Participant's balance billed amount (e.g., non-emergent, choice claim). If the provider objects to what it was paid from the application of the allowed amount, or member contacts United for support with resolving a balance bill, United will increase compensation for a particular claim if: (a) 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 (b) 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). 	\$2.50 per Employee per month
External Reviews	If and when applicable, for each subsequent external review beyond the limited number of free reviews based upon Customer's total enrollment, a fee of \$500 will apply per review.
Interest Rate on Unpaid Fees and Underfunding Bank Account	Prime rate plus 4%
Run-out Claims Administration	6 months of runout No charge after the Initial Term.
Pharmacy Benefit Rebates - Termination	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.
Medical Benefit Drug Rebate Compensation	80% to Customer, the balance is retained by United as compensation for the services.
Allocation and Payment of Gene Therapy Medical Benefit Drug Rebates	If Customer purchases gene therapy stop loss through United or an affiliate, United will retain rebates for gene therapy

Service Description	Fee
	drugs when Customer is reimbursed by stop loss for any gene therapy claim.
Prior Authorization Fee	\$50.00 per occurrence
Direct Member Reimbursement Fee	\$2.50 per occurrence
<p>Consolidated Appropriations Act, 2021 (“CAA”) Support Services. United will support Customer’s compliance with the requirements of the CAA, including the No Surprises Act (“NSA”), by the respective enforcement date as follows:</p> <ul style="list-style-type: none"> NSA medical billing and the independent dispute resolution (“IDR”): <ul style="list-style-type: none"> United will determine if a claim is subject to the NSA billing protections. If United and a provider are unable to come to an agreement within the prescribed negotiation period for a claim subject to the NSA billing protections, United will manage, direct, and make decisions and submissions to support the IDR for Customer. All qualifying payment amounts under the NSA will be calculated based on an insurance market across all self-insured group health plans administered by United. United will not be using third party provider networks for services covered by the NSA. The fees for programs in which the parties share in the savings achieved off a provider’s billed charge will continue to apply to all services covered under the NSA. Customer shall fund all settlement amounts and payments required as a result of any IDR process decision through the Bank Account. Customer shall fund the IDR administration fee and all IDR arbitrator fees through the Bank Account. Revised medical Plan ID cards (if United provides Plan Participants with ID cards currently). Provider directory enhancements. Continuity of care and external appeals support for surprise medical bills. Support related to Mental Health Parity Non-Quantitative Treatment Limitations audits initiated by the U.S. Department of Labor, U.S. Department of Health and Human Services or the U.S. Department of Treasury. Provide language to support Customer’s anti-gag clause attestation requirement. Prepare and file pharmacy benefits and drug cost reports. Prepare and file air ambulance claims reports. Provide and maintain price comparison information to Participants by telephone and online. 	<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>
<p>Health Plan Transparency in Coverage Rule (“TiC”) Support Services. 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"> Machine-readable files accessible via a publicly available website, which Customer will be able to access and link to Customer’s own website. 	<p>For the 2024 plan year, United will not charge separate services fees outside of base rates for the TiC Support Services.</p>

Service Description	Fee
<ul style="list-style-type: none"> A cost estimator tool available online for Plan Participants for the items and services as required each year. 	

Disclosures: 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, or at the election of the provider a per transaction fee of up to \$10) by a United affiliate. This has no impact on the Fees paid by Customer under this Agreement.

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 Customer's 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, 2024 through December 31, 2024 ("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 on the condition 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.

Claim Operations			
Time to Process in 10 Days			
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.		
Measurement	Percentage of claims processed		94%
	Time to process, in business days or less after receipt of claim	business days	10
Criteria	Standard claim operations reports		
Level	Site Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$15,408
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	11 business days		
	12 business days		
	13 business days		
	14 business days		
	15 business days or more		
Procedural Accuracy			
Definition	Procedural accuracy rate of not less than the designated percent.		
Measurement	Percentage of claims processed without procedural (i.e. non-financial) errors		97%

Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed without procedural (i.e. non-financial) errors.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$15,408
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	96.99% - 96.50% 96.49% - 96.00% 95.99% - 95.50% 95.49% - 95.00% Below 95.00%		
Dollar Accuracy (DAR)			
Definition	Dollar accuracy rate of not less than the designated percent in any quarter.		
Measurement	Percentage of claims dollars processed accurately		99%
Criteria	Statistically significant random sample of claims processed is reviewed to determine the percentage of claim dollars processed correctly out of the total claim dollars paid.		
Level	Office Level		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$15,408
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	98.99% - 98.50% 98.49% - 98.00% 97.99% - 97.50% 97.49% - 97.00 Below 97.00%		
Member Phone Service			
Phone service guarantees and standards apply to Participant calls made to the customer care center that primarily services Customer’s Participants. If Customer elects a specialized phone service model the results may be blended with more than one call center and/or level. They do not include calls made to care management personnel and/or calls to the senior center for Medicare Participants, nor do they include calls for services/products other than medical, such as mental health/substance abuse, pharmacy (except when United is Customer’s pharmacy benefit services administrator), dental, vision, Health Savings Account, etc.			
Average Speed of Answer			
Definition	Calls will sequence through United’s phone system and be answered by customer service within the parameters set forth.		
Measurement	Percentage of calls answered		100%
	Time answered in seconds, on average	seconds	30
Criteria	Standard tracking reports produced by the phone system for all calls		
Level	Team that services Customer’s account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$15,408
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		1.80%
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		\$15,408
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%

Gradients	1.81% - 2.30% 2.31% - 2.80% 2.81% - 3.30% 3.31% - 3.80% Greater than 3.80%		
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 is each assigned a customer service quality score, using United’s standard internal call quality assurance program.		
Level	Office that services Customer’s account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$15,408
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		20%
Gradients	92.99% - 91.00% 90.99% - 89.00% 88.99% - 87.00% 86.99% - 85.00% Below 85.00%		
Satisfaction			
Employee (Member) Satisfaction			
Definition	The overall satisfaction will be determined by the question that reads “Overall, how satisfied are you with the way we administer your medical health insurance plan?”		
Measurement	Percentage of respondents, on average, indicating a grade of satisfied or higher		80%
Criteria	Operations standard survey, conducted over the course of the year; may be customer specific for an additional charge.		
Level	Office that services Customer’s account		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$7,704
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		N/A
Gradients	Not applicable		
Customer Satisfaction			
Definition	The overall satisfaction will be determined by the question that reads “How satisfied are you overall with UnitedHealthcare?”		
Measurement	Minimum score on a 10-point scale	score	5
Criteria	Standard Customer Scorecard Survey		
Level	Customer specific		
Period	Annually		
Payment Period	Annually		
Fees at Risk	Total Dollars at Risk for this metric		\$7,704
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient		N/A
Gradients	Not applicable		

Pharmacy Financials			
Definition	Pharmacy rate guarantees.		
Measurement and Criteria	01/01/2024		
-	Combined Discount Guarantee - Broad Network		
	Retail Brand, Average Wholesale Price (AWP) less		19.40%
	Retail Brand -- 90 Day Supply, AWP less		23.30%
	Retail Generic - 30 and 90 Day Supply, AWP less		83.40%
	Mail Order Brand, AWP less		25.50%
	Mail Order Generic, AWP less		85.50%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.		
	Dispensing Fees - Broad Network		
	Retail Brand - 30 Day		\$0.60
	Retail Brand -- 90 Day Supply		\$0.10

	Retail Generic - 30 Day	\$0.60
	Retail Generic -- 90 Day Supply	\$0.10
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.	
	Fixed Rebate Guarantee (Traditional PDL)	
-	Basis, per script	Brand
-	Retail - 30 Day	\$64.86
-	Retail - 90 Day Supply	\$182.77
-	Mail Order	\$135.29
-	Specialty	\$338.82
-	Credits and Allowances	
-	Administrative Fee Credit (PEPM)	\$40.00
-	Pharmacy Management Allowance (flat amount)	\$20,000.00
	Fees	
	Prior Authorizations (per review)	\$50.00
	Direct Member Reimbursement (per paper claim)	\$2.50
Level	Customer Specific	
Period	Annually	
Payment Period	Annually	
Payment Amount -- Discounts	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.	
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.	
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.	
Conditions	Discount & Dispense Fee Specific Conditions <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims. • The Arrangement excludes usual & customary claims, vaccines, long term care facility claims. • The Arrangement includes 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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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
 - direct member reimbursement claims
 - Devices are excluded from the claim counts; Insulins and Test Strips are not excluded.
 - Vaccines are excluded from the claim counts.
 - Limited distribution drugs 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.
 - The Rebate guarantees and any Administrative Fee Credits funded by retained Rebates set forth herein do not incorporate the impact of the elimination of the Average Manufacturer's Price (AMP) Cap pursuant to the American Rescue Plan Act of 2021. United reserves the right to modify or eliminate any Rebate guarantees and Administrative Fee Credits once it has been able to determine that impact and the resulting changes to Rebates received from pharmaceutical manufacturers.
- 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.
 - 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.
- Pharmacy Management Allowance: United will provide a credit allowance to help Customer mitigate costs appropriately associated with the administration of the pharmacy program. This credit allowance is available once the parties have an executed Agreement and the first month of service fees under the Agreement has been received by United. Upon presentation of receipts of allowable costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, the total amount not to exceed the full credit.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, Customer will repay United a prorated portion of the amount of the Pharmacy Management Allowance that has been paid as of the termination date. All unpaid credits are forfeit.

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.

TRRX (05/2023)	<ul style="list-style-type: none"> • 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 954 Employees and 2,146 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions. • 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. <p>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.</p> <ul style="list-style-type: none"> • United shall on Customer's behalf, administer a fee ("Consultant Fee") to be paid to HonestRX ("Consultant"). The Consultant Fees are included in Customer's pharmacy financial terms. United shall provide Consultant with an annual audit credit of \$20,000 and monthly payment for all Consultant Fees collected in the amount(s) of \$4.00 pmpm. The Customer acknowledges there is a contract between Customer and Consultant. Therefore, in the event that there is a dispute between Customer and Consultant over continuing to make the Consultant Fee payment(s) or in the delivery of consulting services, Customer shall hold United harmless in such disputes. In the event of any change whatsoever in the Consultant Fee, Customer shall immediately notify United of such change and United may propose changes to the pharmacy financial terms. • 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. <p>Brand / Generic Reconciliation Definition</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Medi-Span Multi-Source Code ("MSC") is equal to Y.
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Specialty Pharmacy		
Specialty Pharmacy Discount Guarantee		
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.	
Measurement	Listed	01/01/2024
	All Include LDD	19.00%
	Unlisted	01/01/2024
	All Include LDD	14.00%
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 to determine the overall discount target dollars. The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate unlisted 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"> • 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 and drugs for which no AWP measure exists 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). • Limited Distribution (LDD) status is subject to change based on manufacturer decision. • 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) material changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; • On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee	Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee
ANEMIA	ARANESP	No	Included	INFLAMMATORY CONDITIONS	COSENTYX	No	Included
ANEMIA	EPOGEN	No	Included	INFLAMMATORY CONDITIONS	DUPIXENT	No	Included
ANEMIA	PROCRIT	No	Included	INFLAMMATORY CONDITIONS	EMFLAZA	Yes	Included
ANEMIA	RETACRIT	No	Included	INFLAMMATORY CONDITIONS	ENBREL	No	Included
ANTICONVULSANT	DIACOMIT	Yes	Included	INFLAMMATORY CONDITIONS	HUMIRA	No	Included
ANTICONVULSANT	EPIDIOLEX	Yes	Included	INFLAMMATORY CONDITIONS	ILUMYA	No	Included
ANTICONVULSANT	FINTEPLA	Yes	Included	INFLAMMATORY CONDITIONS	KEVZARA	No	Included
ANTICONVULSANT	ZTALMY	Yes	Included	INFLAMMATORY CONDITIONS	KINERET	Yes	Included

ANTIHYPERLIPIDEMIC	JUXTAPID	Yes	Included	INFLAMMATORY CONDITIONS	OLUMIANT	Yes	Included
ANTI-INFECTIVE	ARIKAYCE	Yes	Included	INFLAMMATORY CONDITIONS	OPZELURA	No	Included
ANTI-INFECTIVE	DARAPRIM	Yes	Included	INFLAMMATORY CONDITIONS	ORENCIA	No	Included
ANTI-INFECTIVE	PYRIMETHAMINE	No	Included	INFLAMMATORY CONDITIONS	OTEZLA	No	Included
ANTIVIRAL	LIVTENCITY	Yes	Included	INFLAMMATORY CONDITIONS	RIDAURA	No	Included
ASTHMA	FASENRA	Yes	Included	INFLAMMATORY CONDITIONS	RINVOQ	No	Included
ASTHMA	NUCALA	Yes	Included	INFLAMMATORY CONDITIONS	SILIQ	Yes	Included
ASTHMA	XOLAIR	Yes	Included	INFLAMMATORY CONDITIONS	SIMPONI	No	Included
CARDIOVASCULAR	CAMZYOS	Yes	Included	INFLAMMATORY CONDITIONS	SKYRIZI	No	Included
CARDIOVASCULAR	DROXIDOPA	Yes	Included	INFLAMMATORY CONDITIONS	SOTYKTU	No	Included
CARDIOVASCULAR	NORTHERA	Yes	Included	INFLAMMATORY CONDITIONS	STELARA	No	Included
CARDIOVASCULAR	VYNDAMAX	Yes	Included	INFLAMMATORY CONDITIONS	TALTZ	No	Included
CARDIOVASCULAR	VYNDAQEL	Yes	Included	INFLAMMATORY CONDITIONS	TREMFYA	No	Included
CNS AGENTS	AUSTEDO	No	Included	INFLAMMATORY CONDITIONS	XELJANZ	No	Included
CNS AGENTS	ENSPRYNG	Yes	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	No	Included
CNS AGENTS	EXSERVAN	Yes	Included	IRON OVERLOAD	DEFERASIROX	Yes	Included
CNS AGENTS	FIRDAPSE	Yes	Included	IRON OVERLOAD	DEFERIPRONE	Yes	Included
CNS AGENTS	HETLIOZ	Yes	Included	IRON OVERLOAD	EXJADE	Yes	Included
CNS AGENTS	INGREZZA	Yes	Included	IRON OVERLOAD	FERRIPROX	Yes	Included

CNS AGENTS	RADICAVA	Yes	Included	IRON OVERLOAD	JADENU	No	Included
CNS AGENTS	RELYVRIO	Yes	Included	KIDNEY DISEASE	TARPEYO	Yes	Included
CNS AGENTS	RILUTEK	No	Included	LIVER DISEASE	OCALIVA	Yes	Included
CNS AGENTS	RILUZOLE	No	Included	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Yes	Included
CNS AGENTS	RUZURGI	Yes	Included	MOOD DISORDER DRUGS	SPRAVATO	No	Included
CNS AGENTS	SABRIL	Yes	Included	MULTIPLE SCLEROSIS	AMPYRA	Yes	Included
CNS AGENTS	SODIUM OXYBATE	Yes	Included	MULTIPLE SCLEROSIS	AUBAGIO	No	Included
CNS AGENTS	TASIMELTONE	Yes	Included	MULTIPLE SCLEROSIS	AVONEX	No	Included
CNS AGENTS	TETRABENAZINE	No	Included	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	Included
CNS AGENTS	TIGLUTIK	Yes	Included	MULTIPLE SCLEROSIS	BETASERON	No	Included
CNS AGENTS	VIGABATRIN	No	Included	MULTIPLE SCLEROSIS	COPAXONE	No	Included
CNS AGENTS	VIGADRON	Yes	Included	MULTIPLE SCLEROSIS	DALFAMPRI DIN	Yes	Included
CNS AGENTS	XENAZINE	Yes	Included	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	Yes	Included
CNS AGENTS	XYREM	Yes	Included	MULTIPLE SCLEROSIS	EXTAVIA	No	Included
CNS AGENTS	XYWAV	Yes	Included	MULTIPLE SCLEROSIS	FINGOLIMOD	No	Included
CYSTIC FIBROSIS	BETHKIS	No	Included	MULTIPLE SCLEROSIS	GILENYA	No	Included
CYSTIC FIBROSIS	BRONCHITOL	Yes	Included	MULTIPLE SCLEROSIS	GLATIRAMER	No	Included
CYSTIC FIBROSIS	CAYSTON	Yes	Included	MULTIPLE SCLEROSIS	GLATOPA	No	Included
CYSTIC FIBROSIS	KALYDECO	Yes	Included	MULTIPLE SCLEROSIS	KESIMPTA	No	Included
CYSTIC FIBROSIS	KITABIS PAK	No	Included	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	Included
CYSTIC FIBROSIS	ORKAMBI	Yes	Included	MULTIPLE SCLEROSIS	MAYZENT	No	Included
CYSTIC FIBROSIS	PULMOZYM	No	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	Included
CYSTIC FIBROSIS	SYMDEKO	Yes	Included	MULTIPLE SCLEROSIS	PONVORY	Yes	Included
CYSTIC FIBROSIS	TOBI	No	Included	MULTIPLE SCLEROSIS	REBIF	No	Included
CYSTIC FIBROSIS	TOBI PODHALER	No	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	Included
CYSTIC FIBROSIS	TOBRAMYCIN	No	Included	MULTIPLE SCLEROSIS	TECFIDERA	Yes	Included
CYSTIC FIBROSIS	TRIKAFTA	Yes	Included	MULTIPLE SCLEROSIS	VUMERITY	Yes	Included
ENDOCRINE	BETAINE	Yes	Included	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	Included
ENDOCRINE	BUPHENYL	No	Included	MUSCULOSKELETAL AGENTS	EVRYSDI	Yes	Included
ENDOCRINE	BYNFEZIA	No	Included	MUSCULOSKELETAL AGENTS	VOXZOGO	Yes	Included
ENDOCRINE	CARBAGLU	Yes	Included	NARCOLEPSY	WAKIX	Yes	Included

ENDOCRIN E	CARGLUMI C	Yes	Included	NEUTROPE NIA	FULPHILA	No	Included
ENDOCRIN E	CHENODAL	Yes	Included	NEUTROPE NIA	GRANIX	No	Included
ENDOCRIN E	CLOVIQUE	No	Included	NEUTROPE NIA	LEUKINE	No	Included
ENDOCRIN E	CORTROPH IN	Yes	Included	NEUTROPE NIA	NEULASTA	No	Included
ENDOCRIN E	CUPRIMINE	No	Included	NEUTROPE NIA	NEUPOGEN	No	Included
ENDOCRIN E	CYSTADAN E	Yes	Included	NEUTROPE NIA	NIVESTYM	No	Included
ENDOCRIN E	CYSTADRO PS	Yes	Included	NEUTROPE NIA	NYVEPRIA	No	Included
ENDOCRIN E	CYSTARAN	Yes	Included	NEUTROPE NIA	UDENYCA	No	Included
ENDOCRIN E	DEPEN TITRATABS	No	Included	NEUTROPE NIA	ZARXIO	No	Included
ENDOCRIN E	DICHLORPH ENAMIDE	Yes	Included	NEUTROPE NIA	ZIEXTENZO	No	Included
ENDOCRIN E	D- PENAMINE	No	Included	ONCOLOGY - INJECTABL E	ELIGARD	No	Included
ENDOCRIN E	EGRIFTA	Yes	Included	ONCOLOGY - INJECTABL E	INTRON A	Yes	Included
ENDOCRIN E	FIRMAGON	No	Included	ONCOLOGY - INJECTABL E	LEUPROLID E	No	Included
ENDOCRIN E	GATTEX	Yes	Included	ONCOLOGY - INJECTABL E	SYNRIBO	Yes	Included
ENDOCRIN E	H.P. ACTHAR	Yes	Included	ONCOLOGY - ORAL	ABIRATERO NE	No	Included
ENDOCRIN E	IMCIVREE	Yes	Included	ONCOLOGY - ORAL	AFINITOR	No	Included
ENDOCRIN E	ISTURISA	Yes	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	Included
ENDOCRIN E	JAVYGTOR	Yes	Included	ONCOLOGY - ORAL	ALECENSA	Yes	Included
ENDOCRIN E	JYNARQUE	Yes	Included	ONCOLOGY - ORAL	ALKERAN	No	Included
ENDOCRIN E	KEVEYIS	Yes	Included	ONCOLOGY - ORAL	ALUNBRIG	Yes	Included
ENDOCRIN E	KORLYM	Yes	Included	ONCOLOGY - ORAL	AYVAKIT	Yes	Included
ENDOCRIN E	KUVAN	Yes	Included	ONCOLOGY - ORAL	BALVERSA	Yes	Included
ENDOCRIN E	LANREOTID E	No	Included	ONCOLOGY - ORAL	BEXAROTE NE	No	Included
ENDOCRIN E	MYALEPT	Yes	Included	ONCOLOGY - ORAL	BOSULIF	Yes	Included
ENDOCRIN E	MYCAPSSA	Yes	Included	ONCOLOGY - ORAL	BRAFTOVI	Yes	Included
ENDOCRIN E	NATPARA	Yes	Included	ONCOLOGY - ORAL	BRUKINSA	Yes	Included
ENDOCRIN E	NITYR	Yes	Included	ONCOLOGY - ORAL	CABOMETY X	Yes	Included
ENDOCRIN E	OCTREOTID E ACETATE	No	Included	ONCOLOGY - ORAL	CALQUENC E	Yes	Included
ENDOCRIN E	PENICILLAM INE	No	Included	ONCOLOGY - ORAL	CAPECITABI NE	No	Included
ENDOCRIN E	PROCYSBI	Yes	Included	ONCOLOGY - ORAL	CAPRELSA	Yes	Included

ENDOCRIN E	RAVICTI	Yes	Included	ONCOLOGY - ORAL	COMETRIQ	Yes	Included
ENDOCRIN E	RECORLEV	Yes	Included	ONCOLOGY - ORAL	COPIKTRA	Yes	Included
ENDOCRIN E	SAMSCA	Yes	Included	ONCOLOGY - ORAL	COTELLIC	Yes	Included
ENDOCRIN E	SANDOSTA TIN	No	Included	ONCOLOGY - ORAL	DAURISMO	Yes	Included
ENDOCRIN E	SAPROPTE RIN	Yes	Included	ONCOLOGY - ORAL	ERIVEDGE	Yes	Included
ENDOCRIN E	SIGNIFOR	Yes	Included	ONCOLOGY - ORAL	ERLEADA	No	Included
ENDOCRIN E	SODIUM PHENYLB TYRATE	No	Included	ONCOLOGY - ORAL	ERLOTINIB	Yes	Included
ENDOCRIN E	SOMATULIN E DEPOT	No	Included	ONCOLOGY - ORAL	ETOPOSIDE	No	Included
ENDOCRIN E	SOMAVERT	Yes	Included	ONCOLOGY - ORAL	EVEROLIMU S	No	Included
ENDOCRIN E	SYPRINE	No	Included	ONCOLOGY - ORAL	EXKIVITY	Yes	Included
ENDOCRIN E	THIOLA	Yes	Included	ONCOLOGY - ORAL	FARYDAK	Yes	Included
ENDOCRIN E	TIOPRONIN	No	Included	ONCOLOGY - ORAL	FOTIVDA	Yes	Included
ENDOCRIN E	TOLVAPTAN	No	Included	ONCOLOGY - ORAL	GAVRETO	Yes	Included
ENDOCRIN E	TRIENTINE	No	Included	ONCOLOGY - ORAL	GILOTRIF	Yes	Included
ENDOCRIN E	XERMELO	Yes	Included	ONCOLOGY - ORAL	GLEEVEC	No	Included
ENDOCRIN E	XURIDEN	Yes	Included	ONCOLOGY - ORAL	GLEOSTINE	No	Included
ENZYME DEFICIENC Y	CHOLBAM	Yes	Included	ONCOLOGY - ORAL	HYCANTIN	No	Included
ENZYME DEFICIENC Y	CYSTAGON	Yes	Included	ONCOLOGY - ORAL	IBRANCE	Yes	Included
ENZYME DEFICIENC Y	GALAFOLD	Yes	Included	ONCOLOGY - ORAL	ICLUSIG	Yes	Included
ENZYME DEFICIENC Y	MIGLUSTAT	No	Included	ONCOLOGY - ORAL	IDHIFA	No	Included
ENZYME DEFICIENC Y	NITISINONE	No	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	Included
ENZYME DEFICIENC Y	ORFADIN	No	Included	ONCOLOGY - ORAL	IMBRUVICA	Yes	Included
ENZYME DEFICIENC Y	PALYNZIQ	Yes	Included	ONCOLOGY - ORAL	INLYTA	Yes	Included
ENZYME DEFICIENC Y	STRENSIQ	Yes	Included	ONCOLOGY - ORAL	INQOVI	Yes	Included
ENZYME DEFICIENC Y	SUCRAID	Yes	Included	ONCOLOGY - ORAL	INREBIC	Yes	Included
ENZYME DEFICIENC Y	TEGSEDI	Yes	Included	ONCOLOGY - ORAL	IRESSA	Yes	Included
ENZYME DEFICIENC Y	ZAVESCA	Yes	Included	ONCOLOGY - ORAL	JAKAFI	Yes	Included
GAUCHERS DISEASE	CERDELGA	Yes	Included	ONCOLOGY - ORAL	KISQALI	No	Included

GENETIC DISORDER	DOJOLVI	Yes	Included	ONCOLOGY - ORAL	KISQALI FEMARA	No	Included
GENETIC DISORDER	VIJOICE	No	Included	ONCOLOGY - ORAL	KOSELUGO	Yes	Included
GENETIC DISORDER	ZOKINVY	Yes	Included	ONCOLOGY - ORAL	LAPATINIB	No	Included
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	Included	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	Included	ONCOLOGY - ORAL	LENVIMA	Yes	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	Included	ONCOLOGY - ORAL	LONSURF	Yes	Included
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	Included	ONCOLOGY - ORAL	LORBRENA	Yes	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	Included	ONCOLOGY - ORAL	LUMAKRAS	Yes	Included
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	Included	ONCOLOGY - ORAL	LYNPARZA	Yes	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	No	Included	ONCOLOGY - ORAL	MATULANE	Yes	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	Yes	Included	ONCOLOGY - ORAL	MEKINIST	Yes	Included
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	Included	ONCOLOGY - ORAL	MEKTOVI	Yes	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	Included	ONCOLOGY - ORAL	MELPHALAN	No	Included
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	Included	ONCOLOGY - ORAL	MESNEX	No	Included
HEMATOLOGIC	BERINERT	Yes	Included	ONCOLOGY - ORAL	NERLYNX	Yes	Included
HEMATOLOGIC	CABLIVI	Yes	Included	ONCOLOGY - ORAL	NEXAVAR	Yes	Included
HEMATOLOGIC	CINRYZE	Yes	Included	ONCOLOGY - ORAL	NILANDRON	No	Included
HEMATOLOGIC	DOPTELET	Yes	Included	ONCOLOGY - ORAL	NILUTAMIDE	No	Included
HEMATOLOGIC	FIRAZYR	Yes	Included	ONCOLOGY - ORAL	NINLARO	No	Included
HEMATOLOGIC	HAEGARDA	Yes	Included	ONCOLOGY - ORAL	NUBEQA	Yes	Included
HEMATOLOGIC	ICATIBANT	Yes	Included	ONCOLOGY - ORAL	ODOMZO	No	Included
HEMATOLOGIC	MOZOBIL	No	Included	ONCOLOGY - ORAL	ONUREG	No	Included
HEMATOLOGIC	MULPLETA	No	Included	ONCOLOGY - ORAL	ORGOVYX	Yes	Included

HEMATOLOGIC	OXBRYTA	Yes	Included	ONCOLOGY - ORAL	PEMAZYRE	Yes	Included
HEMATOLOGIC	PROMACTA	Yes	Included	ONCOLOGY - ORAL	PIQRAY	No	Included
HEMATOLOGIC	REZUROCK	Yes	Included	ONCOLOGY - ORAL	POMALYST	Yes	Included
HEMATOLOGIC	RUCONEST	Yes	Included	ONCOLOGY - ORAL	PURIXAN	No	Included
HEMATOLOGIC	SAJAZIR	Yes	Included	ONCOLOGY - ORAL	PYRUKYND	Yes	Included
HEMATOLOGIC	TAKHZYRO	Yes	Included	ONCOLOGY - ORAL	QINLOCK	Yes	Included
HEMATOLOGIC	TAVALISSE	Yes	Included	ONCOLOGY - ORAL	RETEVMO	Yes	Included
HEMOPHILIA - INFUSED	ADVATE	No	Included	ONCOLOGY - ORAL	REVLIMID	Yes	Included
HEMOPHILIA - INFUSED	ADYNOVATE	No	Included	ONCOLOGY - ORAL	ROZLYTREK	No	Included
HEMOPHILIA - INFUSED	AFSTYLA	No	Included	ONCOLOGY - ORAL	RUBRACA	Yes	Included
HEMOPHILIA - INFUSED	ALPHANATE / VON WILLEBRAND	No	Included	ONCOLOGY - ORAL	RYDAPT	No	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	No	Included	ONCOLOGY - ORAL	SCSEMBLIX	No	Included
HEMOPHILIA - INFUSED	ALPROLIX	No	Included	ONCOLOGY - ORAL	SORAFENIB	Yes	Included
HEMOPHILIA - INFUSED	BENEFIX	No	Included	ONCOLOGY - ORAL	SPRYCEL	No	Included
HEMOPHILIA - INFUSED	COAGADEX	Yes	Included	ONCOLOGY - ORAL	STIVARGA	Yes	Included
HEMOPHILIA - INFUSED	CORIFACT	No	Included	ONCOLOGY - ORAL	SUNITINIB	Yes	Included
HEMOPHILIA - INFUSED	ELOCTATE	No	Included	ONCOLOGY - ORAL	SUTENT	Yes	Included
HEMOPHILIA - INFUSED	ESPEROCT	No	Included	ONCOLOGY - ORAL	TABLOID	No	Included
HEMOPHILIA - INFUSED	FEIBA	No	Included	ONCOLOGY - ORAL	TABRECTA	No	Included
HEMOPHILIA - INFUSED	HEMOPHIL M	No	Included	ONCOLOGY - ORAL	TAFINLAR	Yes	Included
HEMOPHILIA - INFUSED	HUMATE-P	No	Included	ONCOLOGY - ORAL	TAGRISSO	Yes	Included
HEMOPHILIA - INFUSED	IDELVION	No	Included	ONCOLOGY - ORAL	TALZENNA	Yes	Included
HEMOPHILIA - INFUSED	IXINITY	No	Included	ONCOLOGY - ORAL	TARCEVA	Yes	Included
HEMOPHILIA - INFUSED	JIVI	No	Included	ONCOLOGY - ORAL	TARGRETIN	No	Included
HEMOPHILIA - INFUSED	KOATE	No	Included	ONCOLOGY - ORAL	TASIGNA	Yes	Included
HEMOPHILIA - INFUSED	KOATE-DVI	No	Included	ONCOLOGY - ORAL	TAZVERIK	Yes	Included
HEMOPHILIA - INFUSED	KOGENATE FS	No	Included	ONCOLOGY - ORAL	TEMODAR	No	Included
HEMOPHILIA - INFUSED	KOVALTRY	No	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	Included
HEMOPHILIA - INFUSED	MONONINE	No	Included	ONCOLOGY - ORAL	TEPMETKO	Yes	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	No	Included	ONCOLOGY - ORAL	THALOMID	Yes	Included
HEMOPHILIA - INFUSED	NOVOSEVERN RT	No	Included	ONCOLOGY - ORAL	TIBSOVO	Yes	Included
HEMOPHILIA - INFUSED	NUWIQ	No	Included	ONCOLOGY - ORAL	TRETINOIN	No	Included
HEMOPHILIA - INFUSED	PROFILNINE	No	Included	ONCOLOGY - ORAL	TRUSELTIQ	Yes	Included

HEMOPHILI A - INFUSED	REBINYN	No	Included	ONCOLOGY - ORAL	TUKYSA	Yes	Included
HEMOPHILI A - INFUSED	RECOMBIN ATE	No	Included	ONCOLOGY - ORAL	TURALIO	Yes	Included
HEMOPHILI A - INFUSED	RIXUBIS	No	Included	ONCOLOGY - ORAL	TYKERB	No	Included
HEMOPHILI A - INFUSED	SEVENFAC T	No	Included	ONCOLOGY - ORAL	UKONIQ	Yes	Included
HEMOPHILI A - INFUSED	TRETEN	Yes	Included	ONCOLOGY - ORAL	VENCLEXTA	Yes	Included
HEMOPHILI A - INFUSED	VONVENDI	Yes	Included	ONCOLOGY - ORAL	VERZENIO	Yes	Included
HEMOPHILI A - INFUSED	WILATE	No	Included	ONCOLOGY - ORAL	VITRAKVI	Yes	Included
HEMOPHILI A - INFUSED	XYNTHA	No	Included	ONCOLOGY - ORAL	VIZIMPRO	Yes	Included
HEMOPHILI A - INJECTABL E	HEMLIBRA	Yes	Included	ONCOLOGY - ORAL	VONJO	Yes	Included
HEPATITIS B	ADEFOVIR DIPVOXIL	No	Included	ONCOLOGY - ORAL	VOTRIENT	Yes	Included
HEPATITIS B	BARACLUD E	No	Included	ONCOLOGY - ORAL	WELIREG	Yes	Included
HEPATITIS B	EMPAVELI	Yes	Included	ONCOLOGY - ORAL	XALKORI	Yes	Included
HEPATITIS B	ENTECAVIR	No	Included	ONCOLOGY - ORAL	XELODA	No	Included
HEPATITIS B	EPIVIR HBV	No	Included	ONCOLOGY - ORAL	XOSPATA	Yes	Included
HEPATITIS B	HEPSERA	No	Included	ONCOLOGY - ORAL	XPOVIO	Yes	Included
HEPATITIS B	LAMIVUDIN E HBV	No	Included	ONCOLOGY - ORAL	XTANDI	Yes	Included
HEPATITIS B	VEMLIDY	No	Included	ONCOLOGY - ORAL	YONSA	No	Included
HEPATITIS C	EPCLUSA	No	Included	ONCOLOGY - ORAL	ZEJULA	Yes	Included
HEPATITIS C	HARVONI	No	Included	ONCOLOGY - ORAL	ZELBORAF	Yes	Included
HEPATITIS C	LEDIPASVIR /SOFOSBUV IR	No	Included	ONCOLOGY - ORAL	ZOLINZA	No	Included
HEPATITIS C	MAVYRET	No	Included	ONCOLOGY - ORAL	ZYDELIG	Yes	Included
HEPATITIS C	PEGASYS	No	Included	ONCOLOGY - ORAL	ZYKADIA	Yes	Included
HEPATITIS C	PEGINTRON	No	Included	ONCOLOGY - ORAL	ZYTIGA	No	Included
HEPATITIS C	SOFOSBUVI R/VELPATA SVIR	No	Included	ONCOLOGY - TOPICAL	TARGRETIN	No	Included
HEPATITIS C	SOVALDI	No	Included	ONCOLOGY - TOPICAL	VALCHLOR	Yes	Included
HEPATITIS C	VIEKIRA PAK	No	Included	OPHTHALMI C	OXERVATE	Yes	Included
HEPATITIS C	VOSEVI	No	Included	OSTEOPOR OSIS	FORTEO	No	Included
HEPATITIS C	ZEPATIER	No	Included	OSTEOPOR OSIS	TERIPARATI DE	No	Included
HEPATOLO GY	BYLVAY	Yes	Included	OSTEOPOR OSIS	TYMLOS	No	Included
HEPATOLO GY	LIVMARLI	Yes	Included	PARKINSON S DISEASE	APOKYN	Yes	Included
HEREDITAR Y ANGIODEM A	ORLADEYO	Yes	Included	PARKINSON S DISEASE	APOMORPH INE	Yes	Included

IMMUNE MODULATOR	ACTIMMUNE	Yes	Included	PARKINSON'S DISEASE	INBRIJA	Yes	Included
IMMUNE MODULATOR	ARCALYST	Yes	Included	PARKINSON'S DISEASE	KYNMOBI	Yes	Included
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	Included	PULMONARY DISEASE	ESBRIET	Yes	Included
IMMUNOLOGICAL AGENTS	PALFORZIA	Yes	Included	PULMONARY DISEASE	OFEV	Yes	Included
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	Included	PULMONARY DISEASE	PIRFENIDONE	Yes	Included
INFERTILITY	CETRORELIX	No	Included	PULMONARY HYPERTENSION	ADCIRCA	No	Included
INFERTILITY	CETROTIDE	No	Included	PULMONARY HYPERTENSION	ADEMPAS	Yes	Included
INFERTILITY	CHORIONIC GONADOTROPIN	No	Included	PULMONARY HYPERTENSION	ALYQ	No	Included
INFERTILITY	FOLLISTIM AQ	No	Included	PULMONARY HYPERTENSION	AMBRISSENTAN	Yes	Included
INFERTILITY	FYREMADE L	No	Included	PULMONARY HYPERTENSION	BOSENTAN	No	Included
INFERTILITY	GANIRELIX ACETATE	No	Included	PULMONARY HYPERTENSION	LETAIRIS	Yes	Included
INFERTILITY	GONAL-F	No	Included	PULMONARY HYPERTENSION	OPSUMIT	Yes	Included
INFERTILITY	GONAL-F RFF	No	Included	PULMONARY HYPERTENSION	ORENITRAM	Yes	Included
INFERTILITY	MENOPUR	No	Included	PULMONARY HYPERTENSION	REVATIO	No	Included
INFERTILITY	NOVAREL	No	Included	PULMONARY HYPERTENSION	SILDENAFIL	No	Included
INFERTILITY	OIDREL	No	Included	PULMONARY HYPERTENSION	TADALAFIL	No	Included
INFERTILITY	PREGNYL	No	Included	PULMONARY HYPERTENSION	TADLIQ	Yes	Included
INFLAMMATORY CONDITIONS	ACTEMRA	No	Included	PULMONARY HYPERTENSION	TRACLEER	Yes	Included
INFLAMMATORY	ADBRY	Yes	Included	PULMONARY	TYVASO	Yes	Included

CONDITION S				HYPERTEN SION			
INFLAMMAT ORY CONDITION S	AMJEVITA	No	Included	PULMONAR Y HYPERTEN SION	UPTRAVI	Yes	Included
INFLAMMAT ORY CONDITION S	CIBINQO	No	Included	PULMONAR Y HYPERTEN SION	VENTAVIS*	Yes	Included
INFLAMMAT ORY CONDITION S	CIMZIA	No	Included				

*Includes
Nebulizer

2Q 2023

Generic
equivalents
may be
dispensed in
lieu of brands.