

EXHIBIT "A"



CITY OF ROUND ROCK

2025 Administrative Services Fees

ASO MEDICAL FEES

Fees assume an Average Contract Size of 2.21

ASO Fees (PEPM)	Current	Year 1	Year 2
Plan Year	01/01/2024 through 12/31/2024	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026
Choice + PD	\$50.79	\$52.31	\$53.88
EPO	\$50.79	\$52.31	\$53.88
Rx Rebate Credit	-\$40.00	-\$40.00	TBD
Credits			
Communication Credit	\$5,000	\$5,000	\$5,000
Wellness Credit	\$25,000	\$25,000	\$25,000

The following services may require an additional cost as noted below:

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current	Year 1	Year 2
	1/1/2024 through 12/31/2024	1/1/2025 through 12/31/2025	1/1/2026 through 12/31/2026
Disease Management Programs:			
Congestive Heart Failure (VOM)			
Chronic Obstructive Pulmonary Disease (VOM)	Included in Personal Health Support	Included in Personal Health Support	Included in Personal Health Support
Coronary Artery Disease (VOM)			
Diabetes Program (VOM)			
Asthma Program (VOM)			
Clinical Specialty Network Programs:			
Bariatric Resource Services (BRS)	Included	Included	Included
Medical Management Programs			
Core Medical Necessity	Included	Included	Included
Physical Health Solutions:			
Chiropractic Network	Included	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included	Included
Other Programs/Services:			
TX Custom PHS 3.0	Included	Included	Included
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Network Customization - Airrosti / Onsite Clinic Integration	Included	Included	Included
External Files (data extracts)	Included	Included	Included
Other Programs/Services (Fees collected through Bank Account):			
Child and Family Behavioral Coaching	\$240 Per Case	\$240 Per Case	\$240 Per Case
Child and Family Behavioral Coaching Month 2+	\$144 Per Case	\$144 Per Case	\$144 Per Case
Maven Maternity 12 Month Program	N/A	\$925 Per Case	\$925 Per Case
Neonatal Resource Services	N/A	\$1,700 Per Engagement	\$1,700 Per Engagement
Specialist Management Solutions	N/A	\$1,500 Per Case	\$1,500 Per Case
Virtual Behavioral Coaching	\$72 Per Session	\$72 Per Session	\$72 Per Session
Virtual Behavioral Coaching Weekly Call	\$55 Per Session	\$55 Per Session	\$55 Per Session
UHC Hub Vendors:			
Fees for the following will be collected through the Bank Account			
A1c Fingertick	N/A	\$31 Per Participant	TBD
Full Lipid Profile Fingertick	N/A	\$54.50 Per Participant	TBD
Kaia Health	N/A	\$615 Per Participant Per Year	\$615 Per Participant Per Year
Let's Get Checked Colorectal Cancer At Home Screening Kit (Primary)	N/A	\$15.50 Per Kit Shipped	TBD
Let's Get Checked Diabetes A1c At Home Screening Kit (Primary)	N/A	\$25.50 Per Kit Shipped	TBD
Let's Get Checked Heart Health At Home Screening Kit (Primary)	N/A	\$25.50 Per Kit Shipped	TBD
Physician Results Form (printed results)	N/A	\$13.75 Per Form	TBD
Second Opinion Services	N/A	\$2,136 Per Case	\$2,136 Per Case
Teladoc Chronic Care Mgmt Plus	N/A	\$69 PEPMPM	\$69 PEPMPM

The following are not included in the above ASO Fees:

Additional Services	Fee
Naviguard	\$2.75 PEPMPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation
Payment Integrity (Fees collected through Bank Account):	
Enhanced Abuse and Fraud Management Program	22% of recoveries
Advanced Analytics and Recovery Services (AARS)	24% of recoveries
Credit Balance Recovery Program	not to exceed 10% of recoveries
Hospital Bill Audit Program	not to exceed 22% of savings
Subrogation Services	33.3% of recoveries
Injury Coordination Coverage	33.3% of recoveries
Focused Claim Review	22% of savings

*Naviguard pricing will increase annually by \$1.00 pepm (or more, now group specific).

The following are included in the ASO Fees (applies to Active and Pre-65 Retiree population only):

- UnitedHealthcare Pharmacy. If the pharmacy is carved out to another vendor, the ASO fees and Credits are subject to change.
- eServices Reporting - (interactive fully Web-based reporting)
- Federal External Review Program (third level appeals) - our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
- Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.
- Customer Service, our quoted customer service model offers members a high-touch, personal guide who provides support in navigating benefits.

understanding payment options, resolving claim issues and working through the health care system. In addition to acting as a one-stop shop where members can be directed to the most appropriate existing services, representatives can provide additional information relevant to personal needs and take ownership of inquiries end-to-end. For those not resolved during the initial call, customer service representatives take ownership until resolution including call back to the member.

- Employer Internet Solution – www.employereservices.com
- UnitedHealthcare Behavioral Health Solutions
- **Personal Health Support:** Personal Health Support is a clinical solution designed to help enhance member engagement, increase medical cost savings, and improve health outcomes, providing the full spectrum of clinical services in a condition-agnostic way. The solution:
 - Provides personalized health improvement support across the full spectrum of care including complex and chronic condition case management
 - Intelligently calibrates the level of support provided across condition by assigning estimated monetary savings to members' holistic health improvement needs and prioritizing support based on
 - Connects with members on an emotional level to influence desire for behavior change and interaction with resources via inbound / outbound, multi-modal engagement opportunities
 - Calibrated to client specific budget and intervention priorities to maximize the return on investment

The Value Opportunity Methodology (VOM) is an analytic model that maximizes savings by combining economic value and the likelihood to engage to produce an expected realized economic value. Members with higher VOM (who represent the highest opportunities for better outcomes, savings and likelihood to engage) are prioritized for phone outreach.

- Our quote includes the management of over 100 disease states/conditions, as part of our Personal Health Support (PHS) program. We believe this approach will adequately address the clinical conditions present within the population - though we are open to discussing and proposing alternative programs, should clinical prevalence indicate an appropriate ROI.
- Consumer Activation, including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging
- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

Pricing Assumptions

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 1014
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 2.21.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
- As otherwise permitted in our Administrative Services Agreement
- Our mature quotation includes the processing of runoff claims for 6 months following the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for CITY OF ROUND ROCK and our other ASO customers result in significant reductions to the rebate level.
- CITY OF ROUND ROCK will receive 80.0% of rebates on prescription drug products dispensed under the medical benefit plan.
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- United will provide a Communication Credit, Wellness Credit to help CITY OF ROUND ROCK mitigate costs associated with communication to Participants, additional wellness services from United □
These credits are available as follows:
 - The parties must have an executed Agreement.
 - The first month of service fees under the Agreement has been received by United.
 - CITY OF ROUND ROCK's enrollment with United must always exceed 913 Employees.
- Credits must be used between 01/01/2025 and 01/01/2026. Any Credits not used during this time period are forfeit.
- Upon request from CITY OF ROUND ROCK, a credit will be issued in United's fee billing system.
- Upon presentation of receipts for costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, total amount not to exceed the full credit.
- If CITY OF ROUND ROCK terminates the Agreement prior to 12/31/2026, CITY OF ROUND ROCK will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
- If enrollment with United falls below the enrollment threshold, CITY OF ROUND ROCK will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
- The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
- If during the course of the first year unforeseen or additional expense items arise related to the CITY OF ROUND ROCK implementation, UHC reserves the right to use a portion of this credit to offset such expenses.
- CITY OF ROUND ROCK acknowledges that UHC Hub products and services are offered and provided by third-party vendors that are not affiliated with United, and CITY OF ROUND ROCK agrees that United is not responsible or liable in any way for such performance or financial return guarantees. Certain UHC Hub products are subject to state sales Tax. United will invoice and CITY OF ROUND ROCK agrees to pay United for any required taxes.

A third-party vendor's participation in UHC Hub may terminate in the middle of the Initial Term or Renewal Term of this Agreement. In that instance, the product or service will no longer be provided from that vendor and no further Fees will be charged for that product or service. Fees for UHC Hub products and services will be paid through a withdrawal from the Bank Account.



CITY OF ROUND ROCK | Stop Loss Exhibit

Effective Date: 1/1/2025-12/31/2025

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Individual Stop Loss

	ISL Proposed Option 1
ISL Total Quoted Subscribers	1,014
ISL Rate PEPM	\$161.41
ISL Deductible	\$200,000
ISL Liability Limit (per individual)	Unlimited
ISL Contract Basis	P12
ISL Includes Early Retirees	Yes
ISL Includes Medicare Retirees	No
ISL Includes RX	Yes
Lasered Claimants**	No

Aggregate Stop Loss

	ASL Proposed Option 1
ASL Total Quoted Subscribers	1,014
ASL Rate PEPM	\$3.80
ASL Corridor	125%
ASL Liability Limit (per policy period)	\$1,000,000
ASL Contract Basis	P12
ASL Includes Early Retirees	No
ASL Includes Medicare Retirees	No
ASL Includes Rx	Yes
ASL Includes Commissions	No
Monthly Accommodation	Yes

Total Stop Loss Premium PEPM	\$165.21
Monthly Stop Loss Premium Cost	\$167,520
Annual Stop Loss Premium	\$2,010,239
Expected Claims PEPM	\$1,162.76
Composite Attachment Factor PEPM (illustrative)	\$1,453.45
Projected Monthly Aggregate Liability	\$1,473,798
Projected Annual Aggregate Attachment Point	\$17,685,580
Monthly Maximum Stop Loss Liability	\$1,641,318
Annual Maximum Stop Loss Liability	\$19,695,818

Stop Loss Rating Assumptions

- The stop loss attachment points and premium rates provided by UnitedHealthcare in this quotation will be effective from 1/1/2025-12/31/2025.
- Our quotation is based on claims with dates of loss on or after when Stop Loss Exhibit enrolled with UHC and paid on or after the effective date of 1/1/2025.
- Aggregate Stop Loss applies to medical claims after the effective date of the stop loss policy, before the policy year end. Paid claim accumulations are based on cashed claim drafts.
- Aggregate Stop Loss applies to medical and pharmacy claims, i.e. Healthcare dollars only. The pharmacy plan must be administered by UnitedHealthcare.
- UnitedHealthcare will be the exclusive health care administrator.
- Participation of at least 75 percent of the eligible enrollees is required.



CITY OF ROUND ROCK | 2025 ASO Expense Summary Exhibit

	Proposed Option 1
Subscribers	1014
Members	2244
Administration	
Composite Administration Fee - PEPM	\$12.31
Monthly Fees	\$12,482
Annual Fees	\$149,788
Credits (annual)	(\$30,000)
Annual Net Administration	\$119,788
Stop Loss	
ISL Deductible	\$200,000
ISL Rate - PEPM	\$161.41
ASL Corridor	125%
ASL Rate - PEPM	<u>\$3.80</u>
Total Stop Loss Rates - PEPM	\$165.21
Monthly Premium	\$167,520
Annual Premium	\$2,010,239
Claims	
Expected Claims - PEPM	\$1,162.76
Attachment Point - PEPM	\$1,453.45
Total Expected - Monthly	\$1,179,039
Total Expected - Annual	\$14,148,464
Total Maximum - Monthly	\$1,473,798

Total Maximum - Annual	\$17,685,580
Total Cost Summary	
Expected Annual	\$16,278,490
Expected Maximum	\$19,815,606

Imprest Balance		
	<u>Current Req. Deposit</u>	<u>Required Medical Deposit*</u>
Imprest Balance	\$330,000	\$330,000
Option	Weekly ACH	Weekly ACH
Frequency	5	5

* If additional lines are sold (ancillary, HRA, FSA, etc.), additional imprest amounts could be needed



Effective Date: 01/01/2025

Performance Standards and Credits

Effective for the period: January 01, 2025 through January 01, 2026

Category	Guarantee Description	Measurement Criteria	Credit Amount
Claim Operations			
1. Time to Process: percent of claims paid in 10 business days	94.00 % in ten business days Gradients are 94.00% within 11 business days 94.00% within 12 business days 94.00% within 13 business days 94.00% within 14 business days 94.00% within 15 or more business days	Site level, by standard claim operations reports.	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
2. Dollar Accuracy: Percentage of claims dollars processed accurately.	99.00% Gradients are 98.99%-98.50% 98.49%-98.00% 97.99%-97.50% 97.49%-97.00% Below 97.00%	Office level.	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
3. Procedural Accuracy: percent of claims processed without non-financial error.	97.00% Gradients are 96.99%-96.50% 96.49%-96.00% 95.99%-95.50% 95.49%-95.00% Below 95.00%	Office level.	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
Customer Phone Service			
1. Average Speed to Answer.	30 seconds or less Gradients are 32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	Team level	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
2. Abandonment Rate.	1.80% Gradients are 1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.80%	Team level	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
3. Call Quality Score	93.00% Gradients are 92.99%-91.00% 90.99%-89.00% 88.99%-87.00% 86.99%-85.00% Below 85.00%	Office level	\$3,082 \$6,163 \$9,245 \$12,327 \$15,408
Member Satisfaction			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied Products are PPO, POS, EPO, Managed Indemnity, HMO	Telephone Survey Based on UNET Service Center performance scores. Key Customer study may be conducted for an additional charge.	\$7,704
Overall UHC Satisfaction			
1. Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	Based on Employer health care decision makers' overall satisfaction with UnitedHealthcare..	\$7,704
Total At Risk			\$107,857

Medicare Supplemental plans are excluded from Performance Guarantees.

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