

SECOND AMENDMENT TO PUBLIC CONTRACT FOR SERVICES

THIS SECOND AMENDMENT TO THE PUBLIC CONTRACT FOR SERVICES (the "SECOND" Amendment") is made and entered into this **1 day** of January 2025, by and between the **BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF DOUGLAS, STATE OF COLORADO** on behalf of Douglas County Government (CO)(the "County" or "Customer"), and UNITED HEALTHCARE SERVICES, INC. ("United").

WHEREAS, the County and United entered into a certain Public Contract for Services dated 1/1/2024 (the "Agreement"); and

WHEREAS, the County and United originally agreed to a Maximum Agreement Expenditure for services in the amount of TWENTY FOUR MILLION TWO HUNDRED SEVENTY SEVEN THOUSAND (\$24,277,000.00 for fiscal year 2024; and

WHEREAS, the County and United hereby desire to further extend the term of the Agreement and amend the Maximum Agreement Expenditure by an additional TWENTY FIVE, MILLION SIX HUNDRED SEVENTY THOUSAND (\$25,670,000.00) for fiscal year 2025; and

WHEREAS, the County has budgeted and appropriated the necessary funds to satisfy the financial obligations set forth in the Agreement.

NOW, THEREFORE, the parties hereto mutually agree as follows:

1. MAXIMUM AGREEMENT EXPENDITURE: Any other provision of this Agreement notwithstanding and pursuant to Section 29-1-110, C.R.S., the total amount of funds appropriated for this Agreement is FORTY NINE MILLION NINE HUNDRED FORTY SEVEN THOUSAND (\$49,947,000). The amount of funds appropriated for this SECOND Amendment is TWENTY FIVE, MILLION SIX HUNDRED SEVENTY THOUSAND (\$25,670,000.00) for fiscal year 2025. In no event shall the County be liable for payment under this Agreement for any amount in excess thereof. The County is not under obligation to make any future apportionment or allocation to this Agreement nor is anything set forth herein a limitation of liability for United. Any potential expenditure for this Agreement outside the current fiscal year is subject to future annual appropriation of funds for any such proposed expenditure.

2. TERM: It is mutually agreed by the parties that the term of this Agreement shall commence as of 12:01 a.m. on **January 1, 2025 ("Effective Date")** and terminate at 12:00 a.m. on **December 31, 2025**. This Agreement and/or any extension of its original term shall be contingent upon annual funding being appropriated, budgeted and otherwise made available for such purposes and subject to the County's satisfaction with all products and services received during the preceding term.

3. 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 remainder of the Agreement shall remain in full force and effect.

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

This Amendment will not affect any of the terms, provisions or conditions of the Agreement except as stated herein.

Exhibit D– Fees

These are the Fees the County agrees to pay to United in exchange for the Services, subject to the maximum identified in Section 11.15 of the Agreement.

Medical Fees

The following financial terms are effective for the period January 1, 2025 through December 31, 2026, unless otherwise specified.

PEPM means Per Employee Per Month

Final Claims Fiduciary: United

ASO MEDICAL FEES

Fees assume an Average Contract Size of 2.49

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
POS	\$36.85	\$36.85	\$36.85
CDP	\$38.85	\$38.85	\$38.85
Rx Rebate Credit		-\$22.53	-\$22.53
Credits			
Administrative Credit (General Purpose)	\$175,000	\$175,000	\$175,000
Audit Credit	\$50,000	\$50,000	\$50,000
Implementation Credit	\$152,500	N/A	N/A

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 1/1/2024 through 12/31/2024	Year 1 1/1/2025 through 12/31/2025	Year 2 1/1/2026 through 12/31/2026
Disease Management Programs:	-	-	-
Congestive Heart Failure (VOM)	Included in Personal Health Support	Included in Personal Health Support	Included in Personal Health Support
Chronic Obstructive Pulmonary Disease (VOM)			
Coronary Artery Disease (VOM)			
Diabetes Program (VOM)			

Asthma Program (VOM)			
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:			
Behavioral Health Solutions	Included	Included	Included
Claim Fiduciary	Included	Included	Included
Service Account Manager	Included	Included	Included
Dedicated Toll Free Phone Number	Included	Included	Included
High Performance Network	Included	Included	Included
UHC Rewards	Included	Included	Included
Onshore Restrictions	Included	Included	Included
UHC Hub Vendors:			
Fees for the following will be collected through the Bank Account			
Hinge Health Acute	\$250 Per Case	\$250 Per Case	\$250 Per Case
Hinge Health Chronic	\$995 Per Case	\$995 Per Case	\$995 Per Case
Hinge Health Surgery	\$995 Per Case	\$995 Per Case	\$995 Per Case

The following are not included in the above ASO Fees:

Additional Services	Fee
Naviguard	25.00% of savings
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

**The fee per individual claim for Naviguard will not exceed \$15,000.00 per claim.*

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
- Connects with members on an emotional level to influence desire for behavior change and interaction with resources via inbound/outbound, multi-modal
- 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 1316
- 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 2.49
- 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 requires 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 changes 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 runout claims for 12 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 DOUGLAS COUNTY GOVERNMENT (CO) and our other ASO customers result in significant reductions to the rebate level.
- DOUGLAS COUNTY GOVERNMENT (CO) 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 Audit Credit, Administrative Credit (General Purpose) to help DOUGLAS COUNTY GOVERNMENT (CO) mitigate costs associated with Audit, administration of the plan

These credits are available as follows:

- The parties must have an executed Agreement.
- DOUGLAS COUNTY GOVERNMENT (CO)'s enrollment with United must always exceed 1184 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 DOUGLAS COUNTY GOVERNMENT (CO), a credit will be issued in United's fee billing system, or via check.
- 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 DOUGLAS COUNTY GOVERNMENT (CO) terminates the Agreement prior to 12/31/2026, DOUGLAS COUNTY GOVERNMENT (CO) will repay United a prorated portion of the amount of admin and audit credit that has been paid as of the termination date. All unpaid admin and audit credits are forfeit.
- If enrollment with United falls below the enrollment threshold, DOUGLAS COUNTY GOVERNMENT (CO) will repay United an amount proportional to the enrollment reduction based on the amount of the admin or audit 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.

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.

Customer acknowledges that UHC Hub products and services are offered and provided by third party vendors that are not affiliated with United. Customer agrees that United is not responsible or liable in any way for performance or financial return guarantees made by those third party vendors. Certain UHC Hub products are subject to state sales Tax. United will invoice and Customer 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.

Service Description
Fees for the programs are listed above.
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.
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.
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.
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.
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.
Hospital Bill and Premium Audit <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.
Third-Party Liability – Subrogation and Injury Coverage Coordination <ul style="list-style-type: none"> • Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party. • Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments. • Pre-adjudicated claims or post-adjudicated claims. • Customer will not engage any entity except United to provide such services without prior United approval.
Litigation and Arbitration Fees for Recoveries <ul style="list-style-type: none"> • Litigation or arbitration to recover Overpayments and other Plan recovery opportunities. • Outside attorneys' fees and costs directly incurred with litigation or arbitration. • Pre-adjudicated claims or post-adjudicated claims.
Payment Integrity Service Fees related to pre-adjudicated or prevented amount savings are calculated using logic that accounts for claim level detail and past claims payment experiences, and other relevant inputs including, but not limited to, historical amounts billed and allowed for similar providers, services, and specialties.
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.

Service Description	
<ul style="list-style-type: none"> 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). 	
	The interest rate on unpaid Fees and underfunding the Bank Account is the Prime rate plus 4%.
Hinge. Participants will have access to a virtual musculoskeletal (MSK) exercise therapy program. The information provided through this service does not constitute medical advice and does not diagnose, treat, or prescribe treatment of medical conditions.	

Exhibit E – Guarantees

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, 2025 through December 31, 2025 (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 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 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.

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		\$3,100
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	\$3,100
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	\$3,100
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	\$3,100
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	\$3,100
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 \$3,100
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 \$1,550
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 \$1,550
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient N/A
Gradients	Not applicable

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.

Effective January 1, 2025 through December 31, 2026:

Pharmacy Financials	
Definition	Pharmacy rate guarantees.

Measurement and Criteria	01/01/2025		01/01/2026	
	Combined Discount Guarantee - Broad Network			
-	Retail Brand, Average Wholesale Price (AWP) less	19.10%		19.20%
	Retail Brand -- 90 Day Supply, AWP less	20.00%		20.00%
	Retail Generic - 30 and 90 Day Supply, AWP less	84.10%		84.20%
	Mail Order Brand, AWP less	25.10%		25.20%
	Mail Order Generic, AWP less	86.10%		86.20%
	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		\$0.60
	Retail Brand -- 90 Day Supply	\$0.30		\$0.30
	Retail Generic - 30 Day	\$0.60		\$0.60
	Retail Generic -- 90 Day Supply	\$0.30		\$0.30
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.			
-	Fixed Rebate Guarantee (Essential PDL)			
	Basis, per script	Brand		Brand
	Retail - 30 Day	\$233.75		\$276.95
	Retail - 90 Day Supply	\$657.77		\$791.09
	Mail Order	\$722.51		\$878.07
	Specialty	\$2,772.75		\$3,323.15
-	Credits and Allowances			
	Administrative Fee Credit (PEPM)	\$22.53		\$22.53
	Fees			
	Prior Authorizations (per review)	\$50.00		\$50.00
	Direct Member Reimbursement (per paper claim)	\$2.50		\$2.50
	Variable Copay program (monthly, per eligible member)	\$0.45		\$0.45
Level	Customer Specific			
Period	Annually			
Payment Period	Annually			
Payment Amount Discounts	--	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.		
Payment Amount Dispensing Fees	--	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.		
Payment Amount Rebates	--	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.		
Conditions	Discount & Dispense Fee Specific Conditions <ul style="list-style-type: none">• Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component.• Does not apply to items covered under the Plan for which no AWP measure exists.			

- Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.

- The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims.

- The Arrangement excludes 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; claims with less than 46 days supply are reconciled at retail.

- 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.

Rebate Specific Conditions

- Assumes implementation of United's Essential PDL.

- Rebate guarantees are contingent upon Customer's adoption, without deviation, of United's PDL and PDL exclusions, as well as any changes United makes to its PDL and PDL exclusions; and the implementation of the step therapies required by United, as well as any changes United makes to its utilization management programs. Notwithstanding the above, the Parties may agree to deviations from the list without impacting rebate guarantees.

- 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
- direct member reimbursement claims

- Over-the-counter and repackaged drugs are excluded from the claim counts; Insulins are not excluded.

- Devices are excluded from the claim counts; Test Strips are not excluded.

- 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.

- 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.
- Manufacturer Administrative Fees are the administrative fees paid by drug manufacturers to United's PBM affiliate as consideration for maintaining systems and processes necessary for managing and administering Rebate programs. Manufacturer Administrative Fees are not included in the guaranteed rebate arrangement.

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 01/01/2025 through 12/31/2026 ("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 1,319 Employees and 3,285 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's PBM as exclusive provider of pharmacy benefit services, including but not limited to retail, mail order, and specialty networks.
- United's Price Edge program applies

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. In no way does this effect rebate payment earned by the customer through the end of this agreement, whether terminated by the customer or United.

<p>TRRX (05/2024)</p>	<ul style="list-style-type: none"> • In the event any of the terms herein is inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent term(s) will be null and void and United will have the right to revise, reprice or revoke this arrangement. • 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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Effective January 1, 2025 through December 31, 2026:

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	01/01/2025	01/01/2026
	All Include LDD	20.00%	20.00%	20.00%
	Unlisted	01/01/2024	01/01/2025	01/01/2026
	All Include LDD	14.00%	14.00%	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;
 - e) if actual specialty utilization is not substantially similar to that in the experience period data on which our quote is based.
- On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.

Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee	Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee
ANEMIA	ARANESP	No	Included	INFLAMMATORY CONDITIONS	COSENTY X	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
ANTHYPERLIPIDEMIC	JUXTAPID	Yes	Included	INFLAMMATORY CONDITIONS	OLUMIAN T	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	DALFAMPRIDIN	Yes	Included
CNS AGENTS	XENAZINE	Yes	Included	MULTIPLE SCLEROSIS	DIMETHYLFUMARATE	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	PULMOZYME	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
ENDOCRINE	CARGLUMIC	Yes	Included	NEUTROPENIA	FULPHILA	No	Included
ENDOCRINE	CHENODAL	Yes	Included	NEUTROPENIA	GRANIX	No	Included
ENDOCRINE	CLOVIQUE	No	Included	NEUTROPENIA	LEUKINE	No	Included
ENDOCRINE	CORTROPHIN	Yes	Included	NEUTROPENIA	NEULASTA	No	Included
ENDOCRINE	CUPRIMINE	No	Included	NEUTROPENIA	NEUPOGEN	No	Included
ENDOCRINE	CYSTADANE	Yes	Included	NEUTROPENIA	NIVESTYM	No	Included
ENDOCRINE	CYSTADROPS	Yes	Included	NEUTROPENIA	NYVEPRIA	No	Included
ENDOCRINE	CYSTARAN	Yes	Included	NEUTROPENIA	UDENYCA	No	Included
ENDOCRINE	DEPEN TITRATABS	No	Included	NEUTROPENIA	ZARXIO	No	Included
ENDOCRINE	DICHLORPHENAMIDE	Yes	Included	NEUTROPENIA	ZIEXTENZO	No	Included
ENDOCRINE	D-PENAMINE	No	Included	ONCOLOGY - INJECTABLE	ELIGARD	No	Included
ENDOCRINE	EGRIFTA	Yes	Included	ONCOLOGY - INJECTABLE	INTRONA	Yes	Included
ENDOCRINE	FIRMAGON	No	Included	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	Included
ENDOCRINE	GATTEX	Yes	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	Included
ENDOCRINE	H.P. ACTHAR	Yes	Included	ONCOLOGY - ORAL	ABIRATERONE	No	Included
ENDOCRINE	IMCIVREE	Yes	Included	ONCOLOGY - ORAL	AFINITOR	No	Included
ENDOCRINE	ISTURISA	Yes	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	Included
ENDOCRINE	JAVYGTOR	Yes	Included	ONCOLOGY - ORAL	ALECENSA	Yes	Included

ENDOCRINE	JYNARQUE	Yes	Included	ONCOLOGY - ORAL	ALKERAN	No	Included
ENDOCRINE	KEVEYIS	Yes	Included	ONCOLOGY - ORAL	ALUNBRIG	Yes	Included
ENDOCRINE	KORLYM	Yes	Included	ONCOLOGY - ORAL	AYVAKIT	Yes	Included
ENDOCRINE	KUVAN	Yes	Included	ONCOLOGY - ORAL	BALVERS A	Yes	Included
ENDOCRINE	LANREOTIDE	No	Included	ONCOLOGY - ORAL	BEXAROTENE	No	Included
ENDOCRINE	MYALEPT	Yes	Included	ONCOLOGY - ORAL	BOSULIF	Yes	Included
ENDOCRINE	MYCAPSSA	Yes	Included	ONCOLOGY - ORAL	BRAFTOVI	Yes	Included
ENDOCRINE	NATPARA	Yes	Included	ONCOLOGY - ORAL	BRUKINSA	Yes	Included
ENDOCRINE	NITYR	Yes	Included	ONCOLOGY - ORAL	CABOMET YX	Yes	Included
ENDOCRINE	OCTREOTIDE ACETATE	No	Included	ONCOLOGY - ORAL	CALQUENCE	Yes	Included
ENDOCRINE	PENICILLAMINE	No	Included	ONCOLOGY - ORAL	CAPECITABINE	No	Included
ENDOCRINE	PROCYSBI	Yes	Included	ONCOLOGY - ORAL	CAPRELSA	Yes	Included
ENDOCRINE	RAVICTI	Yes	Included	ONCOLOGY - ORAL	COMETRIQ	Yes	Included
ENDOCRINE	RECORLEV	Yes	Included	ONCOLOGY - ORAL	COPIKTRA	Yes	Included
ENDOCRINE	SAMSCA	Yes	Included	ONCOLOGY - ORAL	COTELLIC	Yes	Included
ENDOCRINE	SANDOSTATIN	No	Included	ONCOLOGY - ORAL	DAURISMO	Yes	Included
ENDOCRINE	SAPROTERIN	Yes	Included	ONCOLOGY - ORAL	ERIVEDGE	Yes	Included
ENDOCRINE	SIGNIFOR	Yes	Included	ONCOLOGY - ORAL	ERLEADA	No	Included
ENDOCRINE	SODIUM PHENYLBUTYRATE	No	Included	ONCOLOGY - ORAL	ERLOTINIB	Yes	Included
ENDOCRINE	SOMATULINE DEPOT	No	Included	ONCOLOGY - ORAL	ETOPOSIDE	No	Included
ENDOCRINE	SOMAVERT	Yes	Included	ONCOLOGY - ORAL	EVEROLIMUS	No	Included
ENDOCRINE	SYPRINE	No	Included	ONCOLOGY - ORAL	EXKIVITY	Yes	Included
ENDOCRINE	THIOLA	Yes	Included	ONCOLOGY - ORAL	FARYDAK	Yes	Included
ENDOCRINE	TIOPRONIN	No	Included	ONCOLOGY - ORAL	FOTIVDA	Yes	Included
ENDOCRINE	TOLVAPTAN	No	Included	ONCOLOGY - ORAL	GAVRETO	Yes	Included
ENDOCRINE	TRIENTINE	No	Included	ONCOLOGY - ORAL	GILOTRIF	Yes	Included
ENDOCRINE	XERMELO	Yes	Included	ONCOLOGY - ORAL	GLEEVEC	No	Included
ENDOCRINE	XURIDEN	Yes	Included	ONCOLOGY - ORAL	GLEOSTINE	No	Included
ENZYME DEFICIENCY	CHOLBAM	Yes	Included	ONCOLOGY - ORAL	HYCAMTIN	No	Included
ENZYME DEFICIENCY	CYSTAGON	Yes	Included	ONCOLOGY - ORAL	IBRANCE	Yes	Included

ENZYME DEFICIENCY	GALAFOLD	Yes	Included	ONCOLOGY - ORAL	ICLUSIG	Yes	Included
ENZYME DEFICIENCY	MIGLUSTAT	No	Included	ONCOLOGY - ORAL	IDHIFA	No	Included
ENZYME DEFICIENCY	NITISINONE	No	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	Included
ENZYME DEFICIENCY	ORFADIN	No	Included	ONCOLOGY - ORAL	IMBRUVIC A	Yes	Included
ENZYME DEFICIENCY	PALYNZIQ	Yes	Included	ONCOLOGY - ORAL	INLYTA	Yes	Included
ENZYME DEFICIENCY	STRENSIQ	Yes	Included	ONCOLOGY - ORAL	INQOVI	Yes	Included
ENZYME DEFICIENCY	SUCRAID	Yes	Included	ONCOLOGY - ORAL	INREBIC	Yes	Included
ENZYME DEFICIENCY	TEGSEDI	Yes	Included	ONCOLOGY - ORAL	IRESSA	Yes	Included
ENZYME DEFICIENCY	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	HUMATROP E	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	LORBREN A	Yes	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	Included	ONCOLOGY - ORAL	LUMAKRAS	Yes	Included
GROWTH HORMONE DEFICIENCY	OMNITROP E	No	Included	ONCOLOGY - ORAL	LYNPARZ A	Yes	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	No	Included	ONCOLOGY - ORAL	MATULAN E	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	ROZLYTR EK	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	ALPHANIN E SD	No	Included	ONCOLOGY - ORAL	SCEMBLIX	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	HEMOFIL M	No	Included	ONCOLOGY - ORAL	TAFINLAR	Yes	Included

HEMOPHILIA - INFUSED	HUMATE-P	No	Included	ONCOLOGY - ORAL	TAGRISSE	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	TEMOZOL OMIDE	No	Included
HEMOPHILIA - INFUSED	MONONINE	No	Included	ONCOLOGY - ORAL	TEPMETK O	Yes	Included
HEMOPHILIA - INFUSED	NOVOEIGH T	No	Included	ONCOLOGY - ORAL	THALOMI D	Yes	Included
HEMOPHILIA - INFUSED	NOVOSEVE N RT	No	Included	ONCOLOGY - ORAL	TIBSOVO	Yes	Included
HEMOPHILIA - INFUSED	NUWIQ	No	Included	ONCOLOGY - ORAL	TRETINOI N	No	Included
HEMOPHILIA - INFUSED	PROFILNIN E	No	Included	ONCOLOGY - ORAL	TRUSELTI Q	Yes	Included
HEMOPHILIA - INFUSED	REBINYN	No	Included	ONCOLOGY - ORAL	TUKYSA	Yes	Included
HEMOPHILIA - INFUSED	RECOMBIN ATE	No	Included	ONCOLOGY - ORAL	TURALIO	Yes	Included
HEMOPHILIA - INFUSED	RIXUBIS	No	Included	ONCOLOGY - ORAL	TYKERB	No	Included
HEMOPHILIA - INFUSED	SEVENFAC T	No	Included	ONCOLOGY - ORAL	UKONIQ	Yes	Included
HEMOPHILIA - INFUSED	TRETTEN	Yes	Included	ONCOLOGY - ORAL	VENCLEX TA	Yes	Included
HEMOPHILIA - INFUSED	VONVENDI	Yes	Included	ONCOLOGY - ORAL	VERZENIO	Yes	Included
HEMOPHILIA - INFUSED	WILATE	No	Included	ONCOLOGY - ORAL	VITRAKVI	Yes	Included
HEMOPHILIA - INFUSED	XYNTHA	No	Included	ONCOLOGY - ORAL	VIZIMPRO	Yes	Included
HEMOPHILIA - INJECTABLE	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	LAMIVUDI NE 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	ZELBORA F	Yes	Included
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	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	SOFOSBUIR/VELPATASVIR	No	Included	ONCOLOGY - TOPICAL	TARGRETIN	No	Included
HEPATITIS C	SOVALDI	No	Included	ONCOLOGY - TOPICAL	VALCHLOR	Yes	Included
HEPATITIS C	VIEKIRAPAK	No	Included	OPHTHALMIC	OXERVATE	Yes	Included
HEPATITIS C	VOSEVI	No	Included	OSTEOPOROSIS	FORTEO	No	Included
HEPATITIS C	ZEPATIER	No	Included	OSTEOPOROSIS	TERIPARATIDE	No	Included
HEPATOLOGY	BYLVAY	Yes	Included	OSTEOPOROSIS	TYMLOS	No	Included
HEPATOLOGY	LIVMARLI	Yes	Included	PARKINSONS DISEASE	APOKYN	Yes	Included
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	Included	PARKINSONS DISEASE	APOMORPHINE	Yes	Included
IMMUNE MODULATOR	ACTIMMUNE	Yes	Included	PARKINSONS DISEASE	INBRIJA	Yes	Included
IMMUNE MODULATOR	ARCALYST	Yes	Included	PARKINSONS 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	AMBRISANTAN	Yes	Included
INFERTILITY	FYREMADEL	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	OVIDREL	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 CONDITIONS	ADBRY	Yes	Included	PULMONARY HYPERTENSION	TYVASO	Yes	Included
INFLAMMATORY CONDITIONS	AMJEVITA	No	Included	PULMONARY HYPERTENSION	UPTRAVI	Yes	Included
INFLAMMATORY CONDITIONS	CIBINQO	No	Included	PULMONARY HYPERTENSION	VENTAVIS*	Yes	Included
INFLAMMATORY CONDITIONS	CIMZIA	No	Included				

*Includes Nebulizer
2Q 2023

Generic equivalents may be dispensed in lieu of brands.

SIGNATURE PAGE TO FOLLOW

WITNESS WHEREOF, the County and United have executed this Amendment as of the date first above written.

United HealthCare Services, Inc.

BY:

TITLE:

DATE:

Signature of Notary Public Required:

STATE OF

COUNTY OF

The foregoing instrument was acknowledged before me this 28th day of March, 2025,
by Dale Ibitz,

Witness my hand and official seal

Notary Public

My commission expires:



BETHANY MULLINS
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXP. 12/31/2027

**THE BOARD OF COUNTY COMMISSIONERS
OF THE COUNTY OF DOUGLAS, COLORADO**

By: _____

**Abe Laydon
Chair**

ATTEST:

By: _____

**Hayley Hall
Clerk to the Board, Clerk & Recorder**

APPROVED AS TO CONTENT:

By: _____

**Laura Leary
Human Resources Director**

DATE: _____

APPROVED AS TO FISCAL CONTENT:

By: _____

**Andrew Copland
Director of Finance**

DATE: _____

APPROVED AS TO CONTENT:

By: _____

**Doug DeBord
County Manager**

DATE: _____

APPROVED AS TO LEGAL CONTENT:

By: _____

**Christopher Pratt
County Attorney**

DATE: _____

