

**FIRST AMENDMENT TO AGREEMENT
BETWEEN THE CITY AND COUNTY OF DENVER
AND
UNITED HEALTHCARE SERVICES, INC.**

THIS FIRST AMENDMENT TO THE AGREEMENT (“First Amendment”) is entered into by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado (“City”), and **United HealthCare Services, Inc.**, 185 Asylum Street, Hartford, CT 06103-0450 (“**Insurance Company**”), jointly (“the Parties”).

RECITALS

WHEREAS, the Parties previously entered into an agreement dated February 2, 2023, contract number CSAHR 202265732-00 (by its terms, expiring at 11:59pm on December 31, 2025) the “**Original Agreement**”, for the Insurance Company to provide services described therein; and,

WHEREAS, the Parties desire amend the Original Agreement to add 2024 plan documents and to increase the maximum contract amount as set forth below.

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements contained in the Agreement and hereinafter set forth, the Parties agree as follows:

1. That effective January 1, 2024, the attached Exhibit A-1.1, attached hereto, shall be attached to and incorporated into the Original Agreement as the new Exhibit A-1.1, modifying the existing Exhibit A-1;
2. That effective January 1, 2024, the attached Exhibit A-3.4, attached hereto, shall be attached to and incorporated into the Original Agreement as the new Exhibit A-3.4, modifying the existing Exhibit A-3;
3. That effective January 1, 2024, the attached Exhibit A-4.1, attached hereto, shall be attached to and incorporated into the Original Agreement as the new Exhibit A-4.1, modifying the existing Exhibit A-4;

4. Modification of Compensation and Payment. Article 5, paragraph b. of the Original Agreement is hereby amended to read as follows:

“5. **COMPENSATION AND PAYMENT:**

b. Maximum Contract Amount: Notwithstanding any other provision of the Agreement, the City’s maximum payment obligation will not exceed **ONE HUNDRED SIXTY-FIVE MILLION DOLLARS AND NO CENTS (\$165,000,000.00)** (the “Maximum Contract Amount”). The amount and frequency of billing and the detail required on each periodic bill shall be as agreed with the Executive Director. The City is not obligated to execute an agreement or any amendments for any further services, including any services performed by Insurance Company beyond that specifically described in the **Exhibits**. Any services performed beyond those in the **Exhibits** are performed at Insurance Company’s risk and without authorization under the Agreement.”

5. This First Amendment may be executed in counterparts, each of which shall be deemed to be an original, and all of which, taken together, shall constitute one and the same instrument.

6. Except as herein amended, the Agreement is affirmed and ratified in each and every particular.

[SIGNATURE PAGES TO FOLLOW]

Contract Control Number: CSAHR-202265732-01
Contractor Name: United HealthCare Services, Inc.

IN WITNESS WHEREOF, the parties have set their hands and affixed their seals at Denver, Colorado as of:

SEAL

CITY AND COUNTY OF DENVER:

ATTEST:

By:

APPROVED AS TO FORM:

REGISTERED AND COUNTERSIGNED:

Attorney for the City and County of Denver

By:

By:

By:

Contract Control Number:
Contractor Name:

CSAHR-202265732-01
United HealthCare Services, Inc.

DocuSigned by:
Holly Durinick
83324C0E9DF042B...

By: _____

Holly Durinick

Name: _____

(please print)

Regional Contract Manager

Title: _____

(please print)

ATTEST: [if required]

DocuSigned by:
Nathaniel Seltzer
CB20E243B7664A0...

By: _____

Nathaniel Seltzer

Name: _____

(please print)

Director of Finance

Title: _____

(please print)

EXHIBIT A-1
TO
MASTER PURCHASE AGREEMENT BETWEEN UNITED HEALTHCARE
SERVICES, INC.
and
CITY AND COUNTY OF DENVER

SELF-FUNDED BENEFITS PLAN
2024 UPDATED ADMINISTRATIVE SERVICES AGREEMENT

**UNITED HEALTHCARE SERVICES, INC.
FINANCIAL RENEWAL AND TERMS AMENDMENT**

This Amendment ("Amendment") is made to the Master Purchase Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United") and City and County of Denver ("Customer"), Contract No. 717340, and is effective on January 1, 2024 unless otherwise specified.

Any capitalized terms used in this Amendment have the meanings shown in the Agreement. These terms may or may not have been capitalized in prior contractual documents between the parties but will have the same meaning as if capitalized.

The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

City and County of Denver

United HealthCare Services, Inc.

By _____
Authorized Signature

By _____
Authorized Signature

Print Name _____

Print Name _____

Print Title _____

Print Title _____

Date _____

Date _____

Renewal 4Q2023v2
Agreement No. 00078355.

EXHIBIT B – FEES

These are 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, 2025, unless otherwise specified.

Average Contract Size: 1.99

Final Claims Fiduciary: United

- \$45.13 per Employee per month covered under the Choice Plus HSA and Doctor's Plan Choice portion(s) of the Plan.

Pharmacy AWP Contract Rate

Customer's contract rate for prescription drugs is as provided in Exhibit C. United uses Medi-Span's national drug data file as the source for average wholesale price (AWP) information. United reserves the right to revise the pricing and adopt a new source or benchmark if there are material industry changes in pricing methodologies.

Other Fees

In total, Other Fees defined in this section are subject to the Maximum Contract Amounts recited in the Master Purchase Agreement between the parties.

Service Description	Fee
Standardized Summary of Benefits and Coverage (SBC) as established under The Patient Protection and Affordable Care Act of 2010	United will provide, at no additional charge, standard format, electronic copies of the SBC documents (twice per year) for medical benefit plans administered by United. Customer logos can be included on the SBC at no additional charge. Additional fees will apply for other services. United will not create SBCs for medical plans it does not administer.
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 directly incurred in connection with litigation or arbitration to recover any Overpayments and other Plan recovery opportunities will be deducted from the gross recovery prior to the assessment of any applicable United fees (as indicated in this Exhibit).
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.
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. 	Fee not to exceed 22% of the gross recovery or prevented amount.

<ul style="list-style-type: none"> Management can include pre-adjudicated claims or post-adjudicated claims. 	
Hospital Bill and Premium Audit Services <ul style="list-style-type: none"> In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. Post-adjudicated claims. 	Fee not to exceed 22% of the gross recovery amount.
Credit Balance Recovery Services <ul style="list-style-type: none"> Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology. On-site at hospitals and facilities. Post-adjudicated claims. 	Fee not to exceed 10% of the gross recovery amount.
Focused Claim Review <ul style="list-style-type: none"> Review of claims for inappropriate billing of services not documented in clinical notes. Board certified, same-specialty medical directors. Pre-adjudicated claims or post-adjudicated claims.	Fee not to exceed 22% of the gross recovery amount.
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. 	Fee not to exceed 33.33% of the applicable savings amount.
Naviguard	Customer will pay a fee equal to thirty-five percent (25%) of the Savings Obtained. Savings Obtained means the amount that would have been payable to a health care provider, including amounts payable by both the Participant and the Plan, if no discount were available, minus the amount that is payable to the health care provider, again, including amounts payable by both the Participant and the Plan, after the application of the reimbursement calculation. The fee for individual claim will not exceed \$15,000.
Nurse Liaison Program	\$160,000 annually
External Reviews	For each subsequent external review beyond 5 total reviews per year, a fee of \$500 will apply per review.
Medical Benefit Drug Rebate Compensation	80% to Customer, the balance is retained by United as compensation for the services.

Credits

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, 2025, Customer will pay United a prorated portion of this credit.

\$525,000 Wellness annual allowance (not subject to roll-over)

Other

A United affiliate provides payment services to the healthcare industry and offers medical providers with various payment methods and options, including electronic payments, virtual cards and checks. Some options are available to medical providers for a fee and may result in the receipt of transaction fees or other compensation (e.g., 1% to 3% of the total transaction amount) by a United affiliate.

EXHIBIT C – PERFORMANCE STANDARDS FOR HEALTH BENEFITS

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, 2025 ("Guarantee Period"), and for every calendar year through December 31, 2025 thereafter that the Self-Funded Insurance Plan Agreement until this Exhibit is replaced by United. With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies under this Exhibit C.

These guarantees will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date this Agreement is signed by both parties. In the event these guarantees become effective later than the effective date of the Guarantee Period: (1) quarterly guarantees will become effective beginning with the next calendar quarter following signature of this Agreement by both parties and (2) annual guarantees will become effective commencing with the Term of the Agreement during which this Agreement is signed by both parties.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent its 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 performance guarantees for the subsequent Guarantee Period. If United specifies new performance guarantees, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Claim is defined as an initial and complete written request for payment of a Plan benefit made by an enrollee, physician, or other healthcare provider on an accepted format. Unless stated otherwise, the claims are limited to medical claims processed through the UNET claims systems. Claims processed and products administered through any other system, including claims for other products such as vision, dental, flexible spending accounts, health reimbursement accounts, health savings accounts, or pharmacy coverage, are not included in the calculation of the performance measurements. Also, services provided under capitated arrangements are not processed as a typical claim; therefore capitated payments are not included in the performance measurements.

Claim Operations January 1, 2024 through December 31, 2025		
Time to Process in 10 Days		
Definition	The percentage of all claims United receives will be processed within the designated number of business days of receipt.	
Measurement	Percentage of claims processed	94%
	Time to process, in business days or less after receipt of claim	business days 10
Criteria Level	Standard claim operations reports	
Period	Site Level	
Payment Period	Annually	
Fees at Risk	Total Dollars Payable for this metric	\$40,000
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
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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 Payable for this metric		\$40,000
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%		
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 Payable for this metric		\$40,000
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%		
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 to 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 Payable for this metric		\$40,000
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 Criteria	Percentage of total incoming calls to customer service abandoned, on average	2%
Level	Standard tracking reports produced by the phone system for all calls	
Period	Team that services Customer's account	
Payment Period	Annually	
Fees at Risk	Total Dollars Payable for this metric	\$40,000
Payment Amount	Of the Fees at Risk for this metric, percentage at risk for each gradient	20%
Gradients	2.01% - 2.50% 2.51% - 3.00% 3.01% - 3.50% 3.51% - 4.00% Greater than 4.00%	
Call Quality Score		
Definition	Maintain a call quality score of not less than the percent set forth	
Measurement	Call quality score to meet or exceed	93%
Criteria	Random sampling of calls are each assigned a customer service quality score, using 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 Payable for this metric	\$40,000
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 administers 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 Payable for this metric	\$20,000
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 Payable for this metric	\$20,000
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.

Pharmacy Financials January 1, 2024 through December 31, 2025			
Definition	Pharmacy rate guarantees.		
Measurement and Criteria	01/01/2024		
	01/01/2025		
	Component Discount Guarantee - Standard Select/WAG Network		
	Retail Brand, Average Wholesale Price (AWP) less	20.80%	21.10%
	Retail Generic, AWP less	87.50%	87.70%
	Mail Order Brand, AWP less	25.40%	25.50%
	Mail Order Generic, AWP less	87.60%	87.80%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component.		
	Dispensing Fees - Standard Select/WAG Network		
	Retail Brand	\$0.39	\$0.39
	Retail Generic	\$0.39	\$0.39
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.		
	Fixed Rebate Guarantee		
	Basis, per script	Brand	Brand
	Retail - 30 and 90 Day	\$806.38	\$885.02
	Mail Order	\$1,036.06	\$1,105.10
Specialty	Included In Retail	Included In Retail	
Fees			
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 guaranteed discount amount for each individual component.		
Payment Amount -- Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined contracted dispensing fee.		
Payment Amount -- Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.		
Conditions	<p>Discount & Dispense Fee Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and Indian Health Service Claims. 		

- The Arrangement excludes usual & customary claims, vaccines, long term care facility claims, over-the-counter claims.
- The Arrangement includes veterans' affairs facility claims.
- 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

- Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
 - Calculation of the guaranteed rebate amount will exclude ineligible claims including:
 - claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims)
 - claims approved by formulary exception
 - claims not covered by Customer's benefit design or PDL
 - claims receiving 340B pricing
 - long term care pharmacy claims
 - federal government pharmacy claims
 - claims for non-FDA approved products
 - compound drug claims
 - consumer card or discount card program claims
 - direct member reimbursement claims
 - Over-the-counter and repackaged drugs are excluded from the claim counts.
 - Devices are excluded from the claim counts; Insulins and Test Strips are not excluded.
 - Multisource brand drugs are excluded from the claim counts.
 - Vaccines are excluded from the claim counts.
 - Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the introduction of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
- United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:
- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
 - in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates

- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- United will pay Fixed Rebates consistent with the Agreement. To the extent Rebates paid to United exceed the Fixed Rebate amount, We will retain the excess, including any Rebates United may earn on prescription drug products in any tiers not included in this arrangement and any related interest.
- Specialty rebates are included in the guaranteed retail per-script rebates above.
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement.
- If Customer terminates pharmacy benefit services with United prior to the end of the Pharmacy Pricing Term, United will retain any and all pending or future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services.
- Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: None.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2024 through 12/31/2025 ("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 4,908 Employees and 9,768 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.
- Point of Sale Discount Administration Applies. Member discounts will be funded by Customer and included in claim funding requests.

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

- United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that facilitates steering members to different drugs or pharmacies to the extent these services impact the financial guarantees under this Agreement.

Brand / Generic Reconciliation Definition

- **Brand Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, which is manufactured and distributed by an innovator drug company, or its licensee, set forth in Medi-Span's National Drug Data File as a brand drug identified by all of the products meeting at least one of the following criteria:
 - Medi-Span Multi-Source Code ("MSC") is equal to M, O, or N.
- **Generic Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, that is therapeutically equivalent to other pharmaceutically equivalent products, as set forth in Medi-Span's National Drug Data File as a generic drug identified by all products meeting at least one of the following criteria:
 - Medi-Span Multi-Source Code ("MSC") is equal to Y.

TRRX
(03/2023)

**Specialty Pharmacy
January 1, 2024 through December 31, 2025**

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
	All Include LDD		20.70%	20.70%
	Unlisted		01/01/2024	01/01/2025
	All Include LDD		14.00%	14.00%
Criteria	<p>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.</p> <p>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.</p>			
Level	Customer Specific			
Period	Annual			
Payment Period	Annual			
Payment Amount	The amount the combined actual specialty drug discounts are less than the composite discount drug target.			
Conditions	<ul style="list-style-type: none"> Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. Specialty drugs dispensed outside United's specialty Pharmacy Network 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: <ol style="list-style-type: none"> material changes in federal, state or other applicable law or regulation require modifications; there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; Customer makes benefit changes that impact the guarantee; 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	HUMIRA	No	Included
ANEMIA	EPOGEN	No	Included	INFLAMMATORY CONDITIONS	ILUMYA	No	Included
ANEMIA	PROCRIT	No	Included	INFLAMMATORY CONDITIONS	KEVZARA	No	Included
ANEMIA	RETACRIT	No	Included	INFLAMMATORY CONDITIONS	KINERET	Yes	Included
ANTICONVULSANT	DIACOMIT	Yes	Included	INFLAMMATORY CONDITIONS	OLUMIANT	Yes	Included

ANTICONVULSANT	EPIDIOLEX	Yes	Included	INFLAMMATORY CONDITIONS	OPZELURA	No	Included
ANTICONVULSANT	FINTEPLA	Yes	Included	INFLAMMATORY CONDITIONS	ORENCIA	No	Included
ANTIHYPERLIPIDEMIC	JUXTAPID	Yes	Included	INFLAMMATORY CONDITIONS	OTEZLA	No	Included
ANTI-INFECTIVE	ARIKAYCE	Yes	Included	INFLAMMATORY CONDITIONS	RIDAURA	No	Included
ANTI-INFECTIVE	DARAPRIM	Yes	Included	INFLAMMATORY CONDITIONS	RINVOQ	No	Included
ANTI-INFECTIVE	PYRIMETHAMINE	Yes	Included	INFLAMMATORY CONDITIONS	SILIQ	Yes	Included
ANTIVIRAL	LIVTENCITY	Yes	Included	INFLAMMATORY CONDITIONS	SIMPONI	No	Included
ASTHMA	FASENRA	Yes	Included	INFLAMMATORY CONDITIONS	SKYRIZI	No	Included
ASTHMA	NUCALA	Yes	Included	INFLAMMATORY CONDITIONS	STELARA	No	Included
ASTHMA	XOLAIR	Yes	Included	INFLAMMATORY CONDITIONS	TALTZ	No	Included
CARDIOVASCULAR	DROXIDOPA	Yes	Included	INFLAMMATORY CONDITIONS	TREMFYA	No	Included
CARDIOVASCULAR	NORTHERA	Yes	Included	INFLAMMATORY CONDITIONS	XELJANZ	No	Included
CARDIOVASCULAR	VYNDAMAX	Yes	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	No	Included
CARDIOVASCULAR	VYNDAQEL	Yes	Included	IRON OVERLOAD	DEFERASIROX	Yes	Included
CNS AGENTS	AUSTEDO	No	Included	IRON OVERLOAD	EXJADE	Yes	Included
CNS AGENTS	ENSPRYNG	Yes	Included	IRON OVERLOAD	FERRIPROX	Yes	Included
CNS AGENTS	EXSERVAN	Yes	Included	IRON OVERLOAD	JADENU	No	Included
CNS AGENTS	FIRDAPSE	Yes	Included	LIVER DISEASE	OCALIVA	Yes	Included
CNS AGENTS	HETLIOZ	Yes	Included	MONOCLONAL ANTIBODY MISCELLANEOUS	BENLYSTA	Yes	Included
CNS AGENTS	INGREZZA	Yes	Included	MOOD DISORDER DRUGS	SPRAVATO	No	Included
CNS AGENTS	RILUTEK	No	Included	MULTIPLE SCLEROSIS	AMPYRA	Yes	Included
CNS AGENTS	RILUZOLE	No	Included	MULTIPLE SCLEROSIS	AUBAGIO	Yes	Included
CNS AGENTS	RUZURGI	No	Included	MULTIPLE SCLEROSIS	AVONEX	No	Included
CNS AGENTS	SABRIL	Yes	Included	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	Included
CNS AGENTS	TETRABENAZINE	No	Included	MULTIPLE SCLEROSIS	BETASERON	No	Included
CNS AGENTS	TIGLUTIK	Yes	Included	MULTIPLE SCLEROSIS	COPAXONE	No	Included
CNS AGENTS	VIGABATRIN	No	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Yes	Included
CNS AGENTS	VIGADRONE	Yes	Included	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	Yes	Included
CNS AGENTS	XENAZINE	Yes	Included	MULTIPLE SCLEROSIS	EXTAVIA	No	Included
CNS AGENTS	XYREM	Yes	Included	MULTIPLE SCLEROSIS	GILENYA	No	Included
CNS AGENTS	XYWAV	Yes	Included	MULTIPLE SCLEROSIS	GLATIRAMER	No	Included
CYSTIC FIBROSIS	BETHKIS	No	Included	MULTIPLE SCLEROSIS	GLATOPA	No	Included

CYSTIC FIBROSIS	CAYSTON	Yes	Included	MULTIPLE SCLEROSIS	KESIMPTA	No	Included
CYSTIC FIBROSIS	KALYDECO	Yes	Included	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	Included
CYSTIC FIBROSIS	KITABIS PAK	No	Included	MULTIPLE SCLEROSIS	MAYZENT	Yes	Included
CYSTIC FIBROSIS	ORKAMBI	Yes	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	Included
CYSTIC FIBROSIS	PULMOZYME	Yes	Included	MULTIPLE SCLEROSIS	PONVORY	Yes	Included
CYSTIC FIBROSIS	SYMDEKO	Yes	Included	MULTIPLE SCLEROSIS	REBIF	No	Included
CYSTIC FIBROSIS	TOBI	No	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	Included
CYSTIC FIBROSIS	TOBI PODHALER	No	Included	MULTIPLE SCLEROSIS	TECFIDERA	Yes	Included
CYSTIC FIBROSIS	TOBRAMYCIN	No	Included	MULTIPLE SCLEROSIS	VUMERITY	Yes	Included
CYSTIC FIBROSIS	TRIKAFTA	Yes	Included	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	Included
ENDOCRINE	BUPHENYL	No	Included	MUSCULOSKEL ETAL AGENTS	EVRYSDI	Yes	Included
ENDOCRINE	BYNFEZIA	No	Included	MUSCULOSKEL ETAL AGENTS	VOXZOGO	Yes	Included
ENDOCRINE	CARBAGLU	Yes	Included	NARCOLEPSY	WAKIX	Yes	Included
ENDOCRINE	CHENODAL	Yes	Included	NEUTROPENIA	FULPHILA	No	Included
ENDOCRINE	CLOVIQUE	No	Included	NEUTROPENIA	GRANIX	No	Included
ENDOCRINE	CORTROPHIN	Yes	Included	NEUTROPENIA	LEUKINE	No	Included
ENDOCRINE	CUPRIMINE	No	Included	NEUTROPENIA	NEULASTA	No	Included
ENDOCRINE	CYSTADANE	Yes	Included	NEUTROPENIA	NEUPOGEN	No	Included
ENDOCRINE	CYSTADROPS	Yes	Included	NEUTROPENIA	NIVESTYM	No	Included
ENDOCRINE	CYSTARAN	Yes	Included	NEUTROPENIA	NYVEPRIA	No	Included
ENDOCRINE	DEPEN TITRATABS	No	Included	NEUTROPENIA	UDENYCA	No	Included
ENDOCRINE	D-PENAMINE	No	Included	NEUTROPENIA	ZARXIO	No	Included
ENDOCRINE	EGRIFTA	Yes	Included	NEUTROPENIA	ZIEXTENZO	No	Included
ENDOCRINE	FIRMAGON	No	Included	ONCOLOGY - INJECTABLE	ELIGARD	No	Included
ENDOCRINE	GATTEX	Yes	Included	ONCOLOGY - INJECTABLE	INTRON A	Yes	Included
ENDOCRINE	H.P. ACTHAR	Yes	Included	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	Included
ENDOCRINE	IMCIVREE	Yes	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	Included
ENDOCRINE	ISTURISA	Yes	Included	ONCOLOGY - ORAL	ABIRATERONE	No	Included
ENDOCRINE	JYNARQUE	Yes	Included	ONCOLOGY - ORAL	AFINITOR	No	Included
ENDOCRINE	KEVEYIS	Yes	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	Included
ENDOCRINE	KORLYM	Yes	Included	ONCOLOGY - ORAL	ALECENSA	Yes	Included
ENDOCRINE	KUVAN	Yes	Included	ONCOLOGY - ORAL	ALKERAN	No	Included
ENDOCRINE	LANREOTIDE	Yes	Included	ONCOLOGY - ORAL	ALUNBRIG	Yes	Included
ENDOCRINE	MYALEPT	Yes	Included	ONCOLOGY - ORAL	AYVAKIT	Yes	Included
ENDOCRINE	MYCAPSSA	Yes	Included	ONCOLOGY - ORAL	BALVERSA	Yes	Included
ENDOCRINE	NATPARA	Yes	Included	ONCOLOGY - ORAL	BEXAROTENE	No	Included

ENDOCRINE	NITYR	Yes	Included	ONCOLOGY - ORAL	BOSULIF	Yes	Included
ENDOCRINE	OCTREOTIDE ACETATE	No	Included	ONCOLOGY - ORAL	BRAFTOVI	Yes	Included
ENDOCRINE	PENICILLAMINE	No	Included	ONCOLOGY - ORAL	BRUKINSA	Yes	Included
ENDOCRINE	PROCYSBI	Yes	Included	ONCOLOGY - ORAL	CABOMETYX	Yes	Included
ENDOCRINE	RAVICTI	Yes	Included	ONCOLOGY - ORAL	CALQUENCE	Yes	Included
ENDOCRINE	SAMSCA	Yes	Included	ONCOLOGY - ORAL	CAPECITABINE	No	Included
ENDOCRINE	SANDOSTATIN	No	Included	ONCOLOGY - ORAL	CAPRELSA	Yes	Included
ENDOCRINE	SAPROPTERIN	Yes	Included	ONCOLOGY - ORAL	COMETRIQ	Yes	Included
ENDOCRINE	SIGNIFOR	Yes	Included	ONCOLOGY - ORAL	COPIKTRA	Yes	Included
ENDOCRINE	SODIUM PHENYLBUTYRATE	No	Included	ONCOLOGY - ORAL	COTELLIC	Yes	Included
ENDOCRINE	SOMATULINE DEPOT	Yes	Included	ONCOLOGY - ORAL	DAURISMO	Yes	Included
ENDOCRINE	SOMAVERT	Yes	Included	ONCOLOGY - ORAL	ERIVEDGE	Yes	Included
ENDOCRINE	SYPRINE	No	Included	ONCOLOGY - ORAL	ERLEADA	No	Included
ENDOCRINE	THIOLA	Yes	Included	ONCOLOGY - ORAL	ERLOTINIB	Yes	Included
ENDOCRINE	TOLVAPTAN	Yes	Included	ONCOLOGY - ORAL	ETOPOSIDE	No	Included
ENDOCRINE	TRIENTINE	No	Included	ONCOLOGY - ORAL	EVEROLIMUS	No	Included
ENDOCRINE	XERMELO	Yes	Included	ONCOLOGY - ORAL	EXKIVITY	Yes	Included
ENDOCRINE	XURIDEN	Yes	Included	ONCOLOGY - ORAL	FARYDAK	Yes	Included
ENZYME DEFICIENCY	CHOLBAM	Yes	Included	ONCOLOGY - ORAL	FOTIVDA	Yes	Included
ENZYME DEFICIENCY	CYSTAGON	Yes	Included	ONCOLOGY - ORAL	GAVRETO	Yes	Included
ENZYME DEFICIENCY	GALAFOLD	Yes	Included	ONCOLOGY - ORAL	GILOTRIF	Yes	Included
ENZYME DEFICIENCY	MIGLUSTAT	No	Included	ONCOLOGY - ORAL	GLEEVEC	No	Included
ENZYME DEFICIENCY	NITISINONE	Yes	Included	ONCOLOGY - ORAL	GLEOSTINE	No	Included
ENZYME DEFICIENCY	ORFADIN	Yes	Included	ONCOLOGY - ORAL	HYCAMTIN	No	Included
ENZYME DEFICIENCY	PALYNZIQ	Yes	Included	ONCOLOGY - ORAL	IBRANCE	Yes	Included
ENZYME DEFICIENCY	STRENSIQ	Yes	Included	ONCOLOGY - ORAL	ICLUSIG	Yes	Included
ENZYME DEFICIENCY	SUCRAID	Yes	Included	ONCOLOGY - ORAL	IDHIFA	No	Included
ENZYME DEFICIENCY	TEGSEDI	Yes	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	Included
ENZYME DEFICIENCY	ZAVESCA	Yes	Included	ONCOLOGY - ORAL	IMBRUVICA	Yes	Included
GAUCHERS DISEASE	CERDELGA	Yes	Included	ONCOLOGY - ORAL	INLYTA	Yes	Included
GENETIC DISORDER	DOJOLVI	Yes	Included	ONCOLOGY - ORAL	INQOVI	Yes	Included
GENETIC DISORDER	ZOKINVY	Yes	Included	ONCOLOGY - ORAL	INREBIC	Yes	Included

GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	Included	ONCOLOGY - ORAL	IRESSA	Yes	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	Included	ONCOLOGY - ORAL	JAKAFI	Yes	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	Included	ONCOLOGY - ORAL	KISQALI	Yes	Included
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	Included	ONCOLOGY - ORAL	KISQALI FEMARA	Yes	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	Included	ONCOLOGY - ORAL	KOSELUGO	Yes	Included
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	Included	ONCOLOGY - ORAL	LAPATINIB	Yes	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	No	Included	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	Yes	Included	ONCOLOGY - ORAL	LENVIMA	Yes	Included
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	Included	ONCOLOGY - ORAL	LONSURF	Yes	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	Included	ONCOLOGY - ORAL	LORBRENA	Yes	Included
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	Included	ONCOLOGY - ORAL	LUMAKRAS	Yes	Included
HEMATOLOGIC	BERINERT	Yes	Included	ONCOLOGY - ORAL	LYNPARZA	Yes	Included
HEMATOLOGIC	CABLIVI	Yes	Included	ONCOLOGY - ORAL	MATULANE	Yes	Included
HEMATOLOGIC	CINRYZE	Yes	Included	ONCOLOGY - ORAL	MEKINIST	Yes	Included
HEMATOLOGIC	DOPTELET	Yes	Included	ONCOLOGY - ORAL	MEKTOVI	Yes	Included
HEMATOLOGIC	FIRAZYR	Yes	Included	ONCOLOGY - ORAL	MELPHALAN	No	Included
HEMATOLOGIC	HAEGARDA	Yes	Included	ONCOLOGY - ORAL	MESNEX	No	Included
HEMATOLOGIC	ICATIBANT	Yes	Included	ONCOLOGY - ORAL	NERLYNX	Yes	Included
HEMATOLOGIC	MOZOBIL	No	Included	ONCOLOGY - ORAL	NEXAVAR	Yes	Included
HEMATOLOGIC	MULPLETA	No	Included	ONCOLOGY - ORAL	NILANDRON	No	Included
HEMATOLOGIC	OXBRYTA	Yes	Included	ONCOLOGY - ORAL	NILUTAMIDE	No	Included
HEMATOLOGIC	PROMACTA	Yes	Included	ONCOLOGY - ORAL	NINLARO	No	Included
HEMATOLOGIC	REZUROCK	Yes	Included	ONCOLOGY - ORAL	NUBEQA	Yes	Included
HEMATOLOGIC	RUCONEST	Yes	Included	ONCOLOGY - ORAL	ODOMZO	No	Included
HEMATOLOGIC	SAJAZIR	Yes	Included	ONCOLOGY - ORAL	ONUREG	No	Included
HEMATOLOGIC	TAKHZYRO	Yes	Included	ONCOLOGY - ORAL	ORGOVYX	Yes	Included
HEMATOLOGIC	TAVALISSE	Yes	Included	ONCOLOGY - ORAL	PEMAZYRE	Yes	Included

HEMOPHILIA - INFUSED	ADVATE	No	Included	ONCOLOGY - ORAL	PIQRAY	No	Included
HEMOPHILIA - INFUSED	ADYNOVATE	No	Included	ONCOLOGY - ORAL	POMALYST	Yes	Included
HEMOPHILIA - INFUSED	AFSTYLA	No	Included	ONCOLOGY - ORAL	PURIXAN	No	Included
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	Included	ONCOLOGY - ORAL	QINLOCK	Yes	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	No	Included	ONCOLOGY - ORAL	RETEVMO	Yes	Included
HEMOPHILIA - INFUSED	ALPROLIX	No	Included	ONCOLOGY - ORAL	REVLIMID	Yes	Included
HEMOPHILIA - INFUSED	BENEFIX	No	Included	ONCOLOGY - ORAL	ROZLYTREK	No	Included
HEMOPHILIA - INFUSED	COAGADEX	Yes	Included	ONCOLOGY - ORAL	RUBRACA	Yes	Included
HEMOPHILIA - INFUSED	CORIFACT	No	Included	ONCOLOGY - ORAL	RYDAPT	No	Included
HEMOPHILIA - INFUSED	ELOCTATE	No	Included	ONCOLOGY - ORAL	SCSEMBLIX	No	Included
HEMOPHILIA - INFUSED	ESPEROCT	No	Included	ONCOLOGY - ORAL	SPRYCEL	No	Included
HEMOPHILIA - INFUSED	FEIBA	No	Included	ONCOLOGY - ORAL	STIVARGA	Yes	Included
HEMOPHILIA - INFUSED	HEMOPHIL M	No	Included	ONCOLOGY - ORAL	SUNITINIB	Yes	Included
HEMOPHILIA - INFUSED	HUMATE-P	No	Included	ONCOLOGY - ORAL	SUTENT	Yes	Included
HEMOPHILIA - INFUSED	IDELVION	No	Included	ONCOLOGY - ORAL	TABLOID	No	Included
HEMOPHILIA - INFUSED	IXINITY	No	Included	ONCOLOGY - ORAL	TABRECTA	No	Included
HEMOPHILIA - INFUSED	JIVI	No	Included	ONCOLOGY - ORAL	TAFINLAR	Yes	Included
HEMOPHILIA - INFUSED	KOATE	No	Included	ONCOLOGY - ORAL	TAGRISSE	Yes	Included
HEMOPHILIA - INFUSED	KOATE-DVI	No	Included	ONCOLOGY - ORAL	TALZENNA	Yes	Included
HEMOPHILIA - INFUSED	KOGENATE FS	No	Included	ONCOLOGY - ORAL	TARCEVA	Yes	Included
HEMOPHILIA - INFUSED	KOVALTRY	No	Included	ONCOLOGY - ORAL	TARGRETIN	No	Included
HEMOPHILIA - INFUSED	MONONINE	No	Included	ONCOLOGY - ORAL	TASIGNA	Yes	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	No	Included	ONCOLOGY - ORAL	TAZVERIK	Yes	Included
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	Included	ONCOLOGY - ORAL	TEMODAR	No	Included
HEMOPHILIA - INFUSED	NUWIQ	No	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	Included
HEMOPHILIA - INFUSED	PROFILNINE	No	Included	ONCOLOGY - ORAL	TEPMETKO	Yes	Included
HEMOPHILIA - INFUSED	REBINYN	No	Included	ONCOLOGY - ORAL	THALOMID	Yes	Included
HEMOPHILIA - INFUSED	RECOMBINATE	No	Included	ONCOLOGY - ORAL	TIBSOVO	Yes	Included
HEMOPHILIA - INFUSED	RIXUBIS	No	Included	ONCOLOGY - ORAL	TRETINOIN	No	Included
HEMOPHILIA - INFUSED	SEVENFACT	No	Included	ONCOLOGY - ORAL	TRUSELTIQ	Yes	Included
HEMOPHILIA - INFUSED	TRETTEN	Yes	Included	ONCOLOGY - ORAL	TUKYSA	Yes	Included
HEMOPHILIA - INFUSED	VONVENDI	Yes	Included	ONCOLOGY - ORAL	TURALIO	Yes	Included
HEMOPHILIA - INFUSED	WILATE	No	Included	ONCOLOGY - ORAL	TYKERB	Yes	Included

HEMOPHILIA - INFUSED	XYNTHA	No	Included	ONCOLOGY - ORAL	UKONIQ	Yes	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	Included	ONCOLOGY - ORAL	VENCLEXTA	Yes	Included
HEPATITIS B	ADEFOVIR DIPVOXIL	No	Included	ONCOLOGY - ORAL	VERZENIO	Yes	Included
HEPATITIS B	BARACLUDGE	No	Included	ONCOLOGY - ORAL	VITRAKVI	Yes	Included
HEPATITIS B	EMPAVELI	Yes	Included	ONCOLOGY - ORAL	VIZIMPRO	Yes	Included
HEPATITIS B	ENTECAVIR	No	Included	ONCOLOGY - ORAL	VOTRIENT	Yes	Included
HEPATITIS B	EPIVIR HBV	No	Included	ONCOLOGY - ORAL	WELIREG	Yes	Included
HEPATITIS B	HEPSERA	No	Included	ONCOLOGY - ORAL	XALKORI	Yes	Included
HEPATITIS B	LAMIVUDINE HBV	No	Included	ONCOLOGY - ORAL	XELODA	No	Included
HEPATITIS B	VEMLIDY	No	Included	ONCOLOGY - ORAL	XOSPATA	Yes	Included
HEPATITIS C	EPCLUSA	No	Included	ONCOLOGY - ORAL	XPOVIO	Yes	Included
HEPATITIS C	HARVONI	No	Included	ONCOLOGY - ORAL	XTANDI	Yes	Included
HEPATITIS C	LEDIPASVIR/SO FOSBUVIR	No	Included	ONCOLOGY - ORAL	YONSA	No	Included
HEPATITIS C	MAVYRET	No	Included	ONCOLOGY - ORAL	ZEJULA	Yes	Included
HEPATITIS C	PEGASYS	No	Included	ONCOLOGY - ORAL	ZELBORAF	Yes	Included
HEPATITIS C	PEGINTRON	No	Included	ONCOLOGY - ORAL	ZOLINZA	No	Included
HEPATITIS C	SOFOSBUVIR/V ELPATASVIR	No	Included	ONCOLOGY - ORAL	ZYDELIG	Yes	Included
HEPATITIS C	SOVALDI	No	Included	ONCOLOGY - ORAL	ZYKADIA	Yes	Included
HEPATITIS C	VIEKIRA PAK	No	Included	ONCOLOGY - ORAL	ZYTIGA	No	Included
HEPATITIS C	VOSEVI	No	Included	ONCOLOGY - TOPICAL	TARGRETIN	No	Included
HEPATITIS C	ZEPATIER	No	Included	ONCOLOGY - TOPICAL	VALCHLOR	Yes	Included
HEPATOLOGY	BYLVAY	Yes	Included	OPHTHALMIC	OXERVATE	Yes	Included
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	Included	OSTEOPOROSIS	FORTEO	No	Included
IMMUNE MODULATOR	ACTIMMUNE	Yes	Included	OSTEOPOROSIS	TERIPARATIDE	No	Included
IMMUNE MODULATOR	ARCALYST	Yes	Included	OSTEOPOROSIS	TYMLOS	No	Included
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	Included	PARKINSONS DISEASE	APOKYN	Yes	Included
IMMUNOLOGICAL AGENTS	PALFORZIA	Yes	Included	PARKINSONS DISEASE	INBRIJA	Yes	Included
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	Included	PARKINSONS DISEASE	KYNMOBI	Yes	Included
INFERTILITY	CETROTIDE	No	Included	PULMONARY DISEASE	ESBRIET	Yes	Included
INFERTILITY	CHORIONIC GONADOTROPIN	No	Included	PULMONARY DISEASE	OFEV	Yes	Included
INFERTILITY	FOLLISTIM AQ	No	Included	PULMONARY HYPERTENSION	ADCIRCA	No	Included
INFERTILITY	GANIRELIX ACETATE	No	Included	PULMONARY HYPERTENSION	ADEMPAS	Yes	Included
INFERTILITY	GONAL-F	No	Included	PULMONARY HYPERTENSION	ALYQ	No	Included

INFERTILITY	GONAL-F RFF	No	Included	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	Included
INFERTILITY	MENOPUR	No	Included	PULMONARY HYPERTENSION	BOSENTAN	Yes	Included
INFERTILITY	NOVAREL	No	Included	PULMONARY HYPERTENSION	LETAIRIS	Yes	Included
INFERTILITY	OVIDREL	No	Included	PULMONARY HYPERTENSION	OPSUMIT	Yes	Included
INFERTILITY	PREGNYL	No	Included	PULMONARY HYPERTENSION	ORENITRAM	Yes	Included
INFLAMMATORY CONDITIONS	ACTEMRA	No	Included	PULMONARY HYPERTENSION	REVATIO	No	Included
INFLAMMATORY CONDITIONS	ADBRY	Yes	Included	PULMONARY HYPERTENSION	SILDENAFIL	No	Included
INFLAMMATORY CONDITIONS	CIBINQO	No	Included	PULMONARY HYPERTENSION	TADALAFIL	No	Included
INFLAMMATORY CONDITIONS	CIMZIA	No	Included	PULMONARY HYPERTENSION	TRACLEER	Yes	Included
INFLAMMATORY CONDITIONS	COSENTYX	No	Included	PULMONARY HYPERTENSION	TYVASO	Yes	Included
INFLAMMATORY CONDITIONS	DUPIXENT	No	Included	PULMONARY HYPERTENSION	UPTRAVI	Yes	Included
INFLAMMATORY CONDITIONS	EMFLAZA	Yes	Included	PULMONARY HYPERTENSION	VENTAVIS*	Yes	Included
INFLAMMATORY CONDITIONS	ENBREL	No	Included				

*Includes Nebulizer
6/2022

EXHIBIT A-3.1
TO
MASTER PURCHASE AGREEMENT BETWEEN
UNITED HEALTHCARE SERVICES, INC.
and
CITY AND COUNTY OF DENVER

2024 UPDATES TO EXHIBIT A-3 STOP LOSS POLICY

UnitedHealthcare Insurance Company

A Stock Company

185 Asylum Street Hartford, CT 06103-0450

AMENDMENT NO. 4

Amendment to be attached to and made a part of Group Policy No. GA-717340 AL, issued by UnitedHealthcare Insurance Company (herein called "Company") to City and County of Denver (herein called "Policyholder").

It is agreed by and between the Company and the Policyholder that

1. The page entitled "Schedule Of Benefits" as contained in the Policy is hereby replaced with the attached page entitled "Schedule Of Benefits".
2. This Amendment will hereby be effective as of January 1, 2024.

UnitedHealthcare Insurance Company

UnitedHealthcare Insurance Company



Jessica Paik, President

UnitedHealthcare Insurance Company



Tracy A. Arney, Secretary

ACCEPTED

BY:

Title:

Date:

UnitedHealthcare Insurance Company

A Stock Company

185 Asylum Street Hartford CT 06103-0450

877-294-1429

SCHEDULE OF BENEFITS

This Schedule of Benefits is only applicable to Excess Loss Insurance provided by the Company during the Policy Period shown below.

Policyholder:	<u>City and County of Denver</u>
Policy Number:	<u>GA-717340 AL</u>
Original Effective Date:	<u>January 1, 2020</u>
Subsequent Policy Period Effective Date:	<u>January 1, 2025</u>
Administrator:	<u>UnitedHealthcare Services, Inc.</u>

Coverage specified herein is applicable only during the Policy Period from January 1, 2024 through December 31, 2024, and is further subject to all terms and conditions of this Policy.

SPECIFIC EXCESS LOSS INSURANCE

Benefit Period : Covered Expenses Incurred from January 1, 2024 through December 31, 2024 and Paid from January 1, 2024 through December 31, 2025.

Specific Deductible per Covered Person: \$400,000

Specific Percentage Reimbursable: 100%

Maximum Specific Benefit per Covered Person: Unlimited per lifetime

Specific Excess Loss Insurance includes:

- Medical
- Stand Alone Prescription Drug Program

Specific Excess Loss Premium: \$62.41 per subscriber per month

AGGREGATE EXCESS LOSS INSURANCE

Benefit Period: Covered Expenses Incurred from January 1, 2020 through December 31, 2024 and Paid from January 1, 2024 through December 31, 2024.

Aggregate Excess Loss Insurance includes:

- Medical
- Stand Alone Prescription Drug Program

Aggregate Percentage Reimbursable: 100%

Maximum Aggregate Benefit: \$2,000,000 per policy year

Minimum Annual Aggregate Deductible: \$96,159,766 or 95% of the first Monthly Aggregate Deductible amount times 12, whichever is greater

Maximum Covered Expenses per Covered Person accumulating toward the Maximum Aggregate Benefit: \$400,000

Monthly Aggregate Factors: \$1719.34 per subscriber

Aggregate Excess Loss Premium: \$2.33 per subscriber per month

EXHIBIT A-4
TO
MASTER PURCHASE AGREEMENT BETWEEN
UNITED BEHAVIORAL HEALTH
and
CITY AND COUNTY OF DENVER

SELF-FUNDED BENEFITS PLAN
2024 UPDATED EAP ADMINISTRATIVE SERVICES AGREEMENT

United Behavioral Health
FINANCIAL RENEWAL AND TERMS AMENDMENT

This Amendment ("Amendment") is made to the Master Purchase Agreement ("Agreement") by and between United HealthCare Services, Inc. ("United") and City and County of Denver ("Customer"), Contract No. 717340, and is effective on January 1, 2024 unless otherwise specified.

Any capitalized terms used in this Amendment have the meanings shown in the Agreement. These terms may or may not have been capitalized in prior contractual documents between the parties but will have the same meaning as if capitalized.

The agreements that are being amended include any and all amendments, if any, that are effective prior to the effective date of this Amendment.

Nothing shown in this Amendment alters, varies or affects any of the terms, provisions or conditions of the agreements other than as stated herein.

The parties, by signing below, agree to amend the agreements as contained herein.

City and County of Denver

United Behavioral Health

By _____
Authorized Signature

By _____
Authorized Signature

Print Name _____

Print Name _____

Print Title _____

Print Title _____

Date _____

Date _____

Renewal 2024

EXHIBIT A
to
EAP AGREEMENT

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

SERVICES AND FEES

The following are the administrative services Optum has agreed to provide to City at the rates set forth herein.

Product	Components	Rate Type	Rate Period	\$ Fee
Onsite EAP Consultant	Denver, CO (40 hrs/wk) (Effective 1/1/24)	Fee	Per Month	\$14,238.00
Onsite EAP Consultant	Denver, CO (40 hrs/wk) (Effective 1/1/24)	Fee	Per Month	\$14,238.00

These rates are based on a population of 14,000. If the population changes by more than 10%, then Optum reserves the right to revise the rates.