



June 2020

A renewal presentation for Madison County Board Of Supervisors

Presented to
by Kayla Foreman



A UnitedHealthcare Company

Renewal Services

Customer Name : Madison County Board Of Supervisors
Plan Renewal Date : 10/1/2020

All fees shown as per employee per month (PEPM) unless otherwise noted

Proposed renewal fees assume all existing products and services written with UMR will be retained throughout the renewal period. New products and services may be added however proposed fees are subject to change and/or and/or additional fees may apply if any existing products or services are discontinued.

Administration and access fees	Subscribers	Current Fees	Renewal Fees 10/1/2020	Renewal Fees 10/1/2021	Renewal Fees 10/1/2022
Medical claims	389	\$26.57	\$26.57	\$27.36	\$27.36
Medical client advisor commission		Net	Net	Net	Net
Required stop loss interface fee	389	Included	Included	Included	Included
UnitedHealthcare Choice Plus® network - access fee	389	Included	Included	Included	Included
Utilization Management (UM)	389	Included	Included	Included	Included
Case Management (CM)	389	Included	Included	Included	Included
Medical and pharmacy integration - per participating employee per month	389	Included	Included	Included	Included
Telemedicine (Teladoc)	389	Included	Included	Included	Included
Cost reduction and savings program w/MNRP - large bill review/fee negotiation and secondary/travel network - % of savings	389	30%	30%	30%	30%
Wellness Credit - \$5,000 Annually					

The Non-Incentivized and Incentivized pharmacy arrangements have been replaced with our new Select pharmacy arrangement. Please refer to the Select PDL pharmacy pricing tab for further details.

Non-preferred vendor surcharge: An additional stop loss interface fee surcharge of \$5.00 PEPM applies if stop loss coverage is not placed with a UMR preferred vendor. This fee is in addition to the "Required stop loss interface fee" which applies for all groups. Consult your UMR representative for a list of preferred vendors.

UnitedHealthcare Choice Plus assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to: deductible, out-of-pocket, coinsurance and plan limitations. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies.

External PBM Vendors are subject to prior approval and may require additional fees. For groups with less than 100 subscribers, OptumRx is required.

Additional Services

Customer Name : Madison County Board Of Supervisors
Plan Effective Date : 10/1/2020

All renewal fees are good for one year and are shown as per employee per month (PEPM) unless otherwise noted

Plan Administration	Current Fees	Renewal Fees 10/1/2020
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
Claim reprocessing - per claim	\$25.00	\$25.00
OptumHealth SM Care Solutions - centers of excellence	Cost per transplant	Cost per transplant
Subrogation - percent of recoveries	30%	30%
Credit Balance Recovery - percent of recoveries	20%	20%
Federal external review for appeals - for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage.	Up to 5 included, then \$500.00 per review	Up to 5 included, then \$500.00 per review
Full/Partial Summary of Benefits and Coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment, electronic version only provided to employer)	Included with medical administration	Included with medical administration
Care Management		
Wellness CARE - CHRA Online	\$6.50 per CHRA	\$6.50 per CHRA
UMR Biometric Vendor	\$55 per finger stick screening. Based on Screening and Add Ons chosen.	\$55 per finger stick screening. Based on Screening and Add Ons chosen.
Reporting		
Ad hoc reports and analysis - per hour (2 hours included with medical administration)	\$100.00	\$100.00
Banking		
Custodial banking - monthly fee (deposit required)	\$250	\$250

Traditional Pharmacy Pricing

Customer Name : Madison County Board Of Supervisors

Plan Effective Date : 10/1/2020

UMR through its Pharmacy Benefit Manager affiliate OptumRx will provide Pharmacy Benefits Services. Fees assume the pharmacy benefits program is not a discount-card program.

Rates are contingent upon adoption of OptumRx's Broad Network

Electronic claim adjudication - per claim ¹	\$0.00
Retail	
Brand discount, plus dispensing fee	18.50% + \$0.80
Net effective generic discount, plus dispensing fee	77.50% + \$0.80
Home Delivery	
Brand discount, plus dispensing fee	24.00% + \$0.00
Net effective generic discount, plus dispensing fee	81.00% + \$0.00
Retail 90 Rx (Optional)	
Brand discount, plus dispensing fee	20.50% + \$0.30
Net effective generic discount, plus dispensing fee	77.50% + \$0.30
Rebate Fee Credit Options:	
Premium PDL Rebate Fee Credit	\$0.00
Select Comprehensive Rebate Fee Credit	\$0.00
Rebate Share - Rebate Fee Credit Elected	
Premium PDL Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$34.00
Premium PDL Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$74.00
Premium PDL Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$78.00
Premium PDL Rebate Share (Specialty) - Per Net Paid Brand Claim	\$225.00
Select Comprehensive Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$31.00
Select Comprehensive Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$70.00
Select Comprehensive Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$74.00
Select Comprehensive Rebate Share (Specialty) - Per Net Paid Brand Claim	\$220.00
Rebate Share - Rebate Fee Credit Waived	
Premium PDL Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$145.00
Premium PDL Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$415.00
Premium PDL Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$510.00
Premium PDL Rebate Share (Specialty) - Per Net Paid Brand Claim	\$1,350.00
Select Comprehensive Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$130.00
Select Comprehensive Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$375.00
Select Comprehensive Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$440.00
Select Comprehensive Rebate Share (Specialty) - Per Net Paid Brand Claim	\$1,295.00

If Madison County Board Of Supervisors does not elect to adopt OptumRx's Premium PDL or Select Comprehensive, Select is available upon request.

Specialty drugs are priced on an individual drug basis. Estimated average aggregate specialty discount is approximately: 17.00%

Compound Drug Claim Pricing: AWP less Standard Contracted Discount + \$7.50 Dispensing fee.

Rebate Fee Credit

In addition to the rebates outlined within the Rebate Fee Credit Elected section, Madison County Board Of Supervisors will receive a rebate fee credit that is funded by UMR. Under this option, UMR is paid a service fee that is used to lower the medical administration fee. This option allows Madison County Board Of Supervisors to enjoy a more immediate cash flow benefit of their rebates.

¹ An additional \$1.75 per claim applies to the electronic per claim fee for paper claims.

Traditional Pharmacy Pricing

Pharmacy Conditions

Fees proposed assume the use of OptumRx™ as the pharmacy benefits manager.

Under the Traditional Pricing Model, Madison County Board Of Supervisors shall pay the effective retail pharmacy rates as set forth above. These rates may differ from the amounts paid to the retail pharmacies and OptumRx may retain the difference.

The Member will pay the lower of (i) Member Cost-Sharing Amount, (ii) Client contracted rate, plus dispensing fee; or (iii) the pharmacy's Usual and Customary charge for the product.

Discounts are based on Published AWP.

Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.

Discount and dispensing fee guarantees are reconciled at the aggregate level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Any excess discount or reimbursement delivered under any discount or reimbursement channel or component may be credited to any other discount or reimbursement contracted for under this Agreement.

The effective overall Generic Drug discount rate includes MAC, non-MAC and U&C Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.

Compound Prescription Drug Claims, Specialty Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, limited distribution products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the OptumRx Pharmacy Network will be excluded from the guarantees. Additionally, Claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, and Georgia will be excluded from the guarantees.

UMR reserves the right to modify or amend the financial provisions of this Agreement in the event of an external event or industry change impacting UMR's performance under the Agreement, including but not limited to: (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that makes UMR's performance of its duties hereunder materially more burdensome or expensive, including changes to the AWP benchmark or methodology; or (b) the unexpected movement of a branded product to off-patent or if Generic Drugs, Authorized Brand Alternative Drugs, low priced Brand Drugs or over-the-counter substitutes become available; or (c) if there is a change impacting the availability or amount of Rebates offered by Drug Manufacturers, including changes related to the elimination or material modification of a Drug Manufacturer's historic models or practices related to the provision of Rebates. For modifications or amendment made pursuant to the above, UMR agrees to modify the pricing in an equitable manner and provide documentation of the revised pricing terms.

UMR reserves the right to modify or amend the financial provisions of this Agreement if any of the following occur: (i) a change in the scope of services to be performed under this Agreement upon which the financial provisions included in this Agreement are based, including a change in the Plan Specifications or the exclusion of a service line (i.e. retail & Home Delivery) from Madison County Board Of Supervisors's service selection; (ii) a change of greater than 20% in the total number of Members from the number provided to UMR during pricing negotiations upon which the financial provisions included in this Agreement are based; (iii) any substantive change in Madison County Board Of Supervisors's formulary, Member Cost Share, Benefit Plan design, exclusions, utilization management programs, or administrative edits, which may impact Rebates from Drug Manufacturers; or (iv) UMR is no longer the exclusive Specialty Pharmacy provider. For modifications or amendments made pursuant to (i), (ii), (iii), or (iv) above, Madison County Board Of Supervisors agrees to provide UMR at least ninety (90) days' notice prior to making any changes. In the event the pricing needs to be modified, UMR shall provide Madison County Board Of Supervisors with notification of any pricing modifications 45 days prior to implementation.

Optum Specialty Pharmacy shall be the exclusive specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from Optum Specialty Pharmacy and not any other retail, Home Delivery, or specialty pharmacy. Notwithstanding the foregoing, Limited Distribution Drugs not dispensed by Optum Specialty Pharmacy may be obtained from other Network Pharmacies. The Specialty Drug List will be provided to Madison County Board Of Supervisors upon request and may be updated from time to time.

Medicare Part D Wrap plans are required to use Pass-Through pricing.

Groups with in-house pharmacies utilizing 340B or GPO pricing are required to use Pass-Through pricing.

Generic Drug Discount includes single source generics.

Usual & Customary claims are included within discount guarantees.

Zero balance Claims are included in the discount guarantees prior to the application of Member Cost-Sharing Amount.

Retail 90 pricing is for retail claims with greater than 83 days' supply.

Home Delivery pricing guarantees require an average days' supply of at least 83 days in the aggregate.

UMR will have no obligation under any financial guarantees under the contract for the contract year (i.e., each 12-month period following the effective date) in which Madison County Board Of Supervisors terminates, if the portion of the contract year before the effective date of Madison County Board Of Supervisors's termination is less than 12 full months.

Deductible integration of prescription drug and medical claims requires daily connectivity between the pharmacy benefits manager and the plan administrator, additional coordination fees apply. External vendors are subject to prior approval.

Rebate Management Terms

Traditional Pharmacy Pricing

Point of Sale Discount Administration Applies

Rebates will be remitted quarterly, no later than 180 days after the end of the incurred quarter.

All rebate guarantees are subject to the following terms:

"Rebate" means any discount, rebate, price protection amount or Manufacturer Administrative Fee that OptumRx receives from Drug Manufacturers, in OptumRx's capacity as a group purchase organization for Madison County Board Of Supervisors, that is contingent upon and related directly to Member use of a Prescription Drug during the Term. "Rebate" does not include any discount, price concession or other direct or indirect compensation OptumRx receives for the purchase of a Prescription Drug or for the provision of any product or service.

"Rebate Credit" is a credit towards the achievement of the Rebate Guaranteed Amount. The Rebate Credit is applied in the event of a change impacting the level of rebates expected as a result of the availability of clinically comparable lower rebate drugs. The Rebate Credit is calculated as the difference in rebates between the originator brand product and rebates available on the new product (e.g. Biosimilar, an Authorized Brand Alternative, reduction of WAC on a Brand Drug subject to Rebates, launch of a lower cost Non-Generic Drug alternative). The intent of the Rebate Credit is to make the impact to the Rebate Guaranteed Amount neutral due to the Madison County Board Of Supervisors's access of clinically comparable lower rebate drugs. The Rebate Credit does not apply to generics that launch after the Brand no longer has patent protection.

Premium PDL

Premium Formulary rebates are contingent upon: Madison County Board Of Supervisors's adoption, without deviation, of OptumRx's formulary and formulary exclusions, as well as any changes OptumRx makes to its formulary and formulary exclusions.

Select Comprehensive

Select Comprehensive rebates are contingent upon: Madison County Board Of Supervisors's adoption, without deviation, of OptumRx's formulary and the following utilization management programs (Prior Authorization, Step Therapy and Quantity Limits) as well as any changes OptumRx makes to its formulary or utilization management programs.

Calculation of the Guaranteed Rebate Amount excludes ineligible Claims, such as:

- Claims where the plan is not the primary payer;
- Vaccines;
- Claims approved by formulary exception;
- Multi-source Brand Drugs;
- Devices except for insulin pumps or diabetic test strips;
- Claims for Authorized Brand Alternatives;
- Claims from 340B, long term care, or federal government pharmacies;
- Consumer card or discount card program Claims

UMR may adjust Rebates and the Guaranteed Rebate Amount (effective as of the date of the change and in proportion to the impact) if any of the following occur: (a) if Madison County Board Of Supervisors makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its Formulary or utilization management programs, (b) due to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs, or (c) if future Formulary changes reduce Rebates. The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter following the Effective Date of this Agreement.

Madison County Board Of Supervisors may choose only one pharmacy network option during any given contract year. The following pharmacy network options are available for selection:

Broad Network

The Broad Network is OptumRx's most comprehensive pharmacy network and provides access to more than 67,000 retail pharmacies, including all major pharmacy chains.

Standard Network

The Standard Network is anchored by either Walgreens or CVS Pharmacy, based upon Madison County Board Of Supervisors's selection. The Standard Network provides deeper discounts, but requires members to utilize a restricted network of pharmacies. The Standard Network provides access to approximately 50,000 retail pharmacies.

Walgreens90/CVS90 Saver Network

Under the Walgreens90/CVS90 Saver Network, Members may only obtain retail 90 prescriptions at a Walgreens Pharmacy (Walgreens90)/CVS Pharmacy (CVS90) or at OptumRx's Home Delivery Pharmacy, with the exception that up to 2 retail 30 prescriptions ("Grace Fills") may be filled at any Network Pharmacy. Members shall be incentivized to use the Walgreens90/CVS90 Saver Network through copayment design, with the exception of Grace Fills. Members shall pay 50 percent of the cost of any retail maintenance prescription filled outside of a Walgreens (Walgreens90)/CVS (CVS90) Pharmacy or OptumRx's Home Delivery Pharmacy, with the exception of Grace Fills. All pricing guarantees for Walgreens90/CVS90 Saver are contingent upon OptumRx's Home Delivery Pharmacy acting as the exclusive mail service provider. Maintenance status of a claim is defined by the Pricing Source maintenance indicator.

Walgreens90/CVS90 Saver Plus Network

Traditional Pharmacy Pricing

Under the Walgreens90/CVS90 Saver Plus Network, Members may only obtain retail 90 prescriptions at a Walgreens Pharmacy (Walgreens90)/CVS Pharmacy (CVS90) or at OptumRx's Home Delivery Pharmacy, with the exception that up to 2 retail 30 prescriptions ("Grace Fills") may be filled at any Network Pharmacy. Members shall be incentivized to use the Walgreens90/CVS90 Saver Plus Network through copayment design, with the exception of Grace Fills. Members shall pay 100 percent of the cost of any retail maintenance prescription filled outside of a Walgreens (Walgreens90)/CVS (CVS90) Pharmacy or OptumRx's Home Delivery Pharmacy, with the exception of Grace Fills. All pricing guarantees for Walgreens90/CVS90 Saver Plus are contingent upon OptumRx's Home Delivery Pharmacy acting as the exclusive mail service provider. Maintenance status of a claim is defined by the Pricing Source maintenance indicator.

Traditional Pharmacy Pricing

Customer Name : Madison County Board Of Supervisors

Plan Effective Date : 10/1/2020

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Rates are contingent upon adoption of OptumRx's Broad Network

Electronic claim adjudication - per claim ¹	\$0.00
Retail	
Brand discount, plus dispensing fee	18.50% + \$0.80
Net effective generic discount, plus dispensing fee	77.50% + \$0.80
Home Delivery	
Brand discount, plus dispensing fee	24.00% + \$0.00
Net effective generic discount, plus dispensing fee	81.00% + \$0.00
Retail 90 Rx (Optional)	
Brand discount, plus dispensing fee	20.50% + \$0.30
Net effective generic discount, plus dispensing fee	77.50% + \$0.30
Rebate Fee Credit Options:	
Premium PDL Rebate Fee Credit	\$0.00
Rebate Share - Rebate Fee Credit Elected	
Select Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$25.00
Select Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$55.00
Select Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$60.00
Select Rebate Share (Specialty) - Per Net Paid Brand Claim	\$170.00
Rebate Share - Rebate Fee Credit Waived	
Select Rebate Share (Retail 30 - Excluding Specialty) - Per Net Paid Brand Claim	\$105.00
Select Rebate Share (Retail 90 - Excluding Specialty) - Per Net Paid Brand Claim	\$300.00
Select Rebate Share (Home Delivery - Excluding Specialty) - Per Net Paid Brand Claim	\$350.00
Select Rebate Share (Specialty) - Per Net Paid Brand Claim	\$1,040.00

Specialty drugs are priced on an individual drug basis. Estimated average aggregate specialty discount is approximately: 17.00%

Compound Drug Claim Pricing: AWP less Standard Contracted Discount + \$7.50 Dispensing fee.

Rebate Fee Credit

In addition to the rebates outlined within the Rebate Fee Credit Elected section, Madison County Board Of Supervisors will receive a rebate fee credit that is funded by UMR. Under this option, UMR is paid a service fee that is used to lower the medical administration fee. This option allows Madison County Board Of Supervisors to enjoy a more immediate cash flow benefit of their rebates.

¹ An additional \$1.75 per claim applies to the electronic per claim fee for paper claims.

Traditional Pharmacy Pricing

Pharmacy Conditions

Fees proposed assume the use of OptumRx™ as the pharmacy benefits manager.

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The Member will pay the lower of (i) Member Cost-Sharing Amount, (ii) Client contracted rate, plus dispensing fee; or (iii) the pharmacy's Usual and Customary charge for the product.

Discounts are based on Published AWP.

Discounted ingredient costs are based upon the actual 11 digit National Drug Code, specific to the quantity dispensed submitted by a participating network pharmacy at the time of adjudication.

Discount and dispensing fee guarantees are reconciled at the aggregate level and are effective average annual rates, which may include the value of any and all other discounts, savings and reimbursements achieved. Such discount and dispensing fee guarantees are not reconciled on an individual Claim basis. Any excess discount or reimbursement delivered under any discount or reimbursement channel or component may be credited to any other discount or reimbursement contracted for under this Agreement.

The effective overall Generic Drug discount rate includes MAC, non-MAC and U&C Generic Drug Claims subject to the discount and dispensing fee guarantee exclusions set forth herein.

Compound Prescription Drug Claims, Specialty Drug Claims, 340B Claims, Indian health services and tribal Claims, direct member reimbursement Claims, coordination of benefit Claims, long term care Claims, infusion Claims, Claims with ancillary charges such as vaccines, limited distribution products, Claims filled at in-house or Client-owned pharmacies, fraudulent Claims, and Claims filled outside the OptumRx Pharmacy Network will be excluded from the guarantees. Additionally, Claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, and Georgia will be excluded from the guarantees.

UMR reserves the right to modify or amend the financial provisions of this Agreement in the event of an external event or industry change impacting UMR's performance under the Agreement, including but not limited to: (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that makes UMR's performance of its duties hereunder materially more burdensome or expensive, including changes to the AWP benchmark or methodology; or (b) the unexpected movement of a branded product to off-patent or if Generic Drugs, Authorized Brand Alternative Drugs, low priced Brand Drugs or over-the-counter substitutes become available; or (c) if there is a change impacting the availability or amount of Rebates offered by Drug Manufacturers, including changes related to the elimination or material modification of a Drug Manufacturer's historic models or practices related to the provision of Rebates. For modifications or amendments made pursuant to the above, UMR agrees to modify the pricing in an equitable manner and provide documentation of the revised pricing terms.

UMR reserves the right to modify or amend the financial provisions of this Agreement if any of the following occur: (i) a change in the scope of services to be performed under this Agreement upon which the financial provisions included in this Agreement are based, including a change in the Plan Specifications or the exclusion of a service line (i.e. retail & Home Delivery) from Madison County Board Of Supervisors's service selection; (ii) a change of greater than 20% in the total number of Members from the number provided to UMR during pricing negotiations upon which the financial provisions included in this Agreement are based; (iii) any substantive change in Madison County Board Of Supervisors's formulary, Member Cost Share, Benefit Plan design, exclusions, utilization management programs, or administrative edits, which may impact Rebates from Drug Manufacturers; or (iv) UMR is no longer the exclusive Specialty Pharmacy provider. For modifications or amendments made pursuant to (i), (ii), (iii), or (iv) above, Madison County Board Of Supervisors agrees to provide UMR at least ninety (90) days' notice prior to making any changes. In the event the pricing needs to be modified, UMR shall provide Madison County Board Of Supervisors with notification of any pricing modifications 45 days prior to implementation.

Optum Specialty Pharmacy shall be the exclusive specialty providers under this Agreement and Members will receive Specialty Drug Covered Prescription Services only from Optum Specialty Pharmacy and not any other retail, Home Delivery, or specialty pharmacy. Notwithstanding the foregoing, Limited Distribution Drugs not dispensed by Optum Specialty Pharmacy may be obtained from other Network Pharmacies. The Specialty Drug List will be provided to Madison County Board Of Supervisors upon request and may be updated from time to time.

Medicare Part D Wrap plans are required to use Pass-Through pricing.

Groups with in-house pharmacies utilizing 340B or GPO pricing are required to use Pass-Through pricing.

Generic Drug Discount includes single source generics.

Usual & Customary claims are included within discount guarantees.

Zero balance Claims are included in the discount guarantees prior to the application of Member Cost-Sharing Amount.

Retail 90 pricing is for retail claims with greater than 83 days' supply.

Home Delivery pricing guarantees require an average days' supply of at least 83 days in the aggregate.

UMR will have no obligation under any financial guarantees under the contract for the contract year (i.e., each 12-month period following the effective date) in which Madison County Board Of Supervisors terminates, if the portion of the contract year before the effective date of Madison County Board Of Supervisors's termination is less than 12 full months.

Deductible integration of prescription drug and medical claims requires daily connectivity between the pharmacy benefits manager and the plan administrator, additional coordination fees apply. External vendors are subject to prior approval.

Rebate Management Terms

Point of Sale Discount Administration Applies

Traditional Pharmacy Pricing

Rebates will be remitted quarterly, no later than 180 days after the end of the incurred quarter.

All rebate guarantees are subject to the following terms:

"Rebate" means any discount, rebate, price protection amount or Manufacturer Administrative Fee that OptumRx receives from Drug Manufacturers, in OptumRx's capacity as a group purchase organization for Madison County Board Of Supervisors, that is contingent upon and related directly to Member use of a Prescription Drug during the Term. "Rebate" does not include any discount, price concession or other direct or indirect compensation OptumRx receives for the purchase of a Prescription Drug or for the provision of any product or service.

"Rebate Credit" is a credit towards the achievement of the Rebate Guaranteed Amount. The Rebate Credit is applied in the event of a change impacting the level of rebates expected as a result of the availability of clinically comparable lower rebate drugs. The Rebate Credit is calculated as the difference in rebates between the originator brand product and rebates available on the new product (e.g. Biosimilar, an Authorized Brand Alternative, reduction of WAC on a Brand Drug subject to Rebates, launch of a lower cost Non-Generic Drug alternative). The intent of the Rebate Credit is to make the impact to the Rebate Guaranteed Amount neutral due to the Madison County Board Of Supervisors's access of clinically comparable lower rebate drugs. The Rebate Credit does not apply to generics that launch after the Brand no longer has patent protection.

Select

Select rebates are contingent upon: Madison County Board Of Supervisors's adoption, without deviation, of OptumRx's formulary as well as any changes OptumRx makes to its formulary or utilization management programs.

Calculation of the Guaranteed Rebate Amount excludes ineligible Claims, such as:

- Claims where the plan is not the primary payer;
- Vaccines;
- Claims approved by formulary exception;
- Multi-source Brand Drugs;
- Devices except for insulin pumps or diabetic test strips;
- Claims for Authorized Brand Alternatives;
- Claims from 340B, long term care, or federal government pharmacies;
- Consumer card or discount card program Claims

UMR may adjust Rebates and the Guaranteed Rebate Amount (effective as of the date of the change and in proportion to the impact) if any of the following occur: (a) if Madison County Board Of Supervisors makes any change to its formulary, not initiated by OptumRx, changes the Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by OptumRx under its Formulary or utilization management programs, (b) due to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs, or (c) if future Formulary changes reduce Rebates. The effective date of any changes to Rebate arrangements shall be at the beginning of a calendar quarter following the Effective Date of this Agreement.

Madison County Board Of Supervisors may choose only one pharmacy network option during any given contract year. The following pharmacy network options are available for selection:

Broad Network

The Broad Network is OptumRx's most comprehensive pharmacy network and provides access to more than 67,000 retail pharmacies, including all major pharmacy chains.

Standard Network

The Standard Network is anchored by either Walgreens or CVS Pharmacy, based upon Madison County Board Of Supervisors's selection. The Standard Network provides deeper discounts, but requires members to utilize a restricted network of pharmacies. The Standard Network provides access to approximately 50,000 retail pharmacies.

Walgreens90/CVS90 Saver Network

Under the Walgreens90/CVS90 Saver Network, Members may only obtain retail 90 prescriptions at a Walgreens Pharmacy (Walgreens90)/CVS Pharmacy (CVS90) or at OptumRx's Home Delivery Pharmacy, with the exception that up to 2 retail 30 prescriptions ("Grace Fills") may be filled at any Network Pharmacy. Members shall be incentivized to use the Walgreens90/CVS90 Saver Network through copayment design, with the exception of Grace Fills. Members shall pay 50 percent of the cost of any retail maintenance prescription filled outside of a Walgreens (Walgreens90)/CVS (CVS90) Pharmacy or OptumRx's Home Delivery Pharmacy, with the exception of Grace Fills. All pricing guarantees for Walgreens90/CVS90 Saver are contingent upon OptumRx's Home Delivery Pharmacy acting as the exclusive mail service provider. Maintenance status of a claim is defined by the Pricing Source maintenance indicator.

Walgreens90/CVS90 Saver Plus Network

Under the Walgreens90/CVS90 Saver Plus Network, Members may only obtain retail 90 prescriptions at a Walgreens Pharmacy (Walgreens90)/CVS Pharmacy (CVS90) or at OptumRx's Home Delivery Pharmacy, with the exception that up to 2 retail 30 prescriptions ("Grace Fills") may be filled at any Network Pharmacy. Members shall be incentivized to use the Walgreens90/CVS90 Saver Plus Network through copayment design, with the exception of Grace Fills. Members shall pay 100 percent of the cost of any retail maintenance prescription filled outside of a Walgreens (Walgreens90)/CVS (CVS90) Pharmacy or OptumRx's Home Delivery Pharmacy, with the exception of Grace Fills. All pricing guarantees for Walgreens90/CVS90 Saver Plus are contingent upon OptumRx's Home Delivery Pharmacy acting as the exclusive mail service provider. Maintenance status of a claim is defined by the Pricing Source maintenance indicator.

OptumRx Products & Services

Customer Name : Madison County Board Of Supervisors
Plan Effective Date : 10/1/2020

OptumRx is an innovative, full-service pharmacy benefit management company that serves more than 65 million members through its home delivery service and network of more than 67,000 pharmacists nationwide. We offer integrated strategies and services through our partnership with UMR, a sister company under UnitedHealth Group. This integration provides a more unified client and member experience.

Take advantage of UMR's 20+ year partnership with OptumRx — something no other PBM can offer.

This integration provides you with:

- Increased Efficiencies in Communication and Account Management
- Data integration: leading to better overall health management and reporting
- Maximized benefit plan savings
- Minimal administrative burden on your human resources staff
- Integration that strengthens Quality and Service

The synergy between OptumRx and UMR provides you and your employees with the integrated medical and pharmacy benefit programs that help promote better health outcomes and help lower overall health care costs.

The following is a list of the standard pharmacy administrative services offered by OptumRx for UMR plan members. In addition to our standard services, we have indicated those additional services that may be offered as optional, noting any additional fees that might apply. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from the quoted fees.

Standard Services		
Product/Service	Description	Included in Pharmacy Fee Comments Additional Fees
Claims Processing:		
• Online electronic claims processing/administration		Yes
• Data retention - 15 months		Yes
• Real-Time Audit System	Filters 100% of claims before payment.	Yes
• Advanced Pharmacy Audit Services		Yes
• Proactive Fraud, Waste and Abuse	Applies advanced analytics and machine learning at the POS to detect and predict potentially fraudulent pharmacy claims.	Yes
Pharmacy Network Services:		
• Administration of the OptumRx Pharmacy Network		Yes
• Pharmacy Help Desk	Available 24 x 7 x 365	Yes
Member Services:		
• Dedicated UMR/OptumRx Member Services Help Desk	Available 24 x 7 x 365	Yes
• OptumRx member website and mobile app		Yes
• Single Sign on available thru UMR.com		Yes
Client Services:		
• Dedicated OptumRx Implementation Team		Yes
• OptumRx Account Management Team	Dedicated OptumRx & UMR client management teams work in close partnership to meet overall health benefit needs.	Yes
• OptumRx Clinical Consultant Team		Yes
• Standard Reporting Package		Yes
• Online access to InfoPort SM , internet-based employer reporting tool		Yes
Clinical Services:		
• Drug Recall Reporting		Yes
• Concurrent Drug Utilization Review (CDUR)		Yes
• Administration of Standard OptumRx Formularies		Yes
• Administration of Standard OptumRx Utilization Management programs		Yes
• Lower Cost Alternatives	Alerts consumers who are taking maintenance medications that there is a lower cost option available.	Yes

OptumRx Products & Services

• Rx products with OTC equivalents	Excludes frequently used prescription products when therapeutically acceptable over-the-counter (OTC) alternatives are available.	Yes	
• ePre/ePro	Proactive identification of expiring prior authorization approvals and alert prescribers to initiate a renewal prior authorization request to reduce member disruption.	Yes	
• Retrospective Drug Utilization Review (RDUR): Asthma	Provider communication program that targets unsafe and clinically inappropriate therapy utilization of Asthma medications.	Yes	
• Retrospective Drug Utilization Review (RDUR): Safety Management Program	Provider communication program that targets potentially inappropriate medication patterns across a broad range of drug classes.	Yes	
• Retrospective Drug Utilization Review (RDUR): Narcotics	Provider communication program that targets unsafe and clinically inappropriate therapy utilization of Narcotics.	Yes	
Formulary Management:			
• Free Meter Program		Yes	
• Compound Management Strategy		Yes	
• New Drugs To Market	Temporarily excludes new chemical entities while overall health care value is evaluated to provide appropriate access and clinical program support.	Yes	Opt-in for clients who elect OptumRx's Standard Formulary
• High Cost Medical Specialty Pharmacy Exclusions	Permanently excludes high-cost specialty products administered at inpatient facilities.	Yes	
• e-Prescribing	Allows providers to send fast, accurate and easy-to-read prescriptions to pharmacies directly from the point of care.	Yes	
• PreCheck My Script	Allows providers to see patient- specific cost, coverage and prior authorization information when prescribing medications in real-time.	Yes	
• MyScript Finder	An easy-to-use tool within the OptumRx member website and mobile app where members can look up a medication's price, the lowest-cost channel for filling a prescription, and whether there are lower-cost alternative medications.	Yes	
• Administration of manufacturer rebate program		Yes	
• Point of Sale Discounts (POSD)	Returns a portion of the value of manufacturer drug rebates to the member at the POS.	Yes	
Home Delivery:			
• Standard Home Delivery	OptumRx Home Delivery offers all of the benefits of home delivery-- 90-day supplies of maintenance medications, greater convenience, less trips to the pharmacy, all which may lead to improved adherence.	Yes	
Specialty Pharmacy:			
• Optum Therapy Solutions	Condition specific programs that include multiple clinical interventions, support and referrals to help consumers remain adherent, improve their health and lower overall healthcare costs.	Yes	
• Optum Connections: Virtual Visits	Specialty pharmacists meet face-to-face with patients by webcam for condition and therapy counseling as well as injection training.	Yes	
• Optum Connections: Specialty mobile app	App that gives patients secure access to request refills, check order and shipping status, etc.	Yes	
Termination Services & File Transfer	Up to 12 files included in standard format.	No	\$1500 per file
Optional Services Available			
Utilization Management/Clinical Programs:			
• Quantity Limits	Support efficient medication safety & usage.	Yes	Opt-in; No additional fee
• Prior Authorization	Selected medications may require approval to be eligible for coverage that is consistent with the member's benefit design.	Yes	Opt-in; No additional fee
• Step Therapy	Select medications may require the member to try a more cost-effective medication (Step 1 medication) prior to the approval of the targeted medication (Step 2 medication).	Yes	Opt-in; No additional fee
• Vigilant Drug Program	The OptumRx Vigilant Drug Program helps promote utilization of clinically appropriate medications and minimize drug spend through targeted exclusion strategies.	Yes	Opt-in; No additional fee
• Opioid Risk Management	Comprehensive solution that confronts all aspects of the opioid epidemic by addressing clinical opportunities and engaging consumers, prescribers and pharmacies across the entire care continuum.	Yes	Opt-in; No additional fee

OptumRx Products & Services

• Medication Adherence Program	The OptumRx Medication Adherence Program engages members and offers support as they make their way around the care continuum. This program supports 18 disease states including chronic specialty and chronic non-specialty.	No	Core (9 conditions): \$0.10 per Rx Complete (22 conditions): \$0.18 per Rx
Home Delivery:			
• Mail Service Saver (MSS)	After two grace fills at a participating retail pharmacy, consumers must move their maintenance prescriptions to OptumRx Home Delivery or pay a higher cost as designated by the client.	Yes	Opt-in; No additional fee
• Mail Service Saver Plus (MSSP)	After two grace fills at a participating retail pharmacy, consumers must move their maintenance prescriptions to OptumRx Home Delivery or pay the full cash price of the drug.	Yes	Opt-in; No additional fee
Optum Specialty Pharmacy Programs:			
• SmartFill Program	There are two components to the Smart Fill Program: 1. Split Fill (half monthly supply): Members will receive six shipments over the first three months and be charged 1/2 copay for each shipment. 2. 90-Day Supply: allows members who are stable on their medications for HIV, MS, RA and Transplant medications the ability to fill a 90 day supply of their specialty medication.	Yes	Opt-in; No additional fee
• Copay Card Accumulator Adjustment Program	Program that excludes copay card dollar amounts for specialty medications from the members' accumulators (deductible and out-of-pocket maximum) when filled at the Optum Specialty Pharmacy.	Yes	Opt-in; No additional fee
• Preferred Copay Card Acceptance Program	Encourages the use of preferred lower cost therapeutic equivalent medications by blocking the use of copay cards for non-preferred specialty medications.	Yes	Opt-in; No additional fee
• Variable Copay Program	Reduce cost to the plan by modifying the benefit design to maximize the value of manufacturer sponsored copayment assistance cards.	No	\$0.20 per Rx

OptumRx is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contract, this document will provide supplemental information to the Pharmacy Administrative Services.

Conditions

Customer Name : Madison County Board Of Supervisors
Plan Effective Date : 10/1/2020

This renewal proposal is valid until 30 days before the effective date and does not bind coverage or obligate UMR.

The information contained in this response to the request for proposal is considered confidential and proprietary. We are providing this information with the understanding that it will not be used for any purpose other than to evaluate our capabilities to provide the services requested. In addition, this information will not be disclosed to person(s) or entity(s) other than those who are involved in the process of evaluating our response. Written permission must be obtained from UMR prior to any exceptions of these obligations in order to maintain the confidentiality of our responses.

No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.

All quoted product fees assume UMR administers the medical plan.

UMR assumes all services provided will be handled according to our standard format and procedures, unless otherwise specifically addressed within this proposal. Specialized services will be priced as necessary.

Fees proposed are based on the plan of benefits as submitted but does not assume duplication of benefits or provisions. Fees proposed assume a standard PPO plan design with no referral administration and no primary care physician tracking. Proposal assumes that the benefit plans will meet the steerage requirements of the networks proposed or will be changed to meet the requirements, including but not limited to; deductible, out of pocket, coinsurance and plan limitations. Plan design changes may impact a Grandfathered Health Plan status. Usage of the Choice Plus network requires employer participation in Value Based Contracting payment methodologies. Access to the UnitedHealthcare Choice Plus and Options PPO network does not include telemedicine services (i.e. 'Virtual Visits'). Please refer to the financial commentary tab for information on Teladoc services and associated fees. Please review any changes with your advisor.

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 PCORI reinsurance fee which is 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; (iii) any taxes, surcharges, assessments or similar changes being imposed by a governmental entity on the Plan or UnitedHealthcare; or, (iv) as otherwise permitted in our Administrative Service Agreement.

UMR reserves the right to adjust fees in the event of (i) any changes in federal, state or other applicable law or rules; (ii) changes in plan design required by the applicable regulatory authority (e.g. mandated benefits) or by the customer; or (iii) any taxes, surcharges, assessments or similar charges being imposed by a governmental entity on the plan or UMR.

To comply with the Department of Labor's (DOL) claims regulations, we encourage pre-notification of at least 60 calendar days prior to the effective date of this contract. In the event that a 60-day notice is not feasible, UMR does not guarantee, but will make every reasonable effort, to have new plan(s) programmed quickly so claims can be processed within the required DOL timelines.

Fees proposed assume one billing, reporting, eligibility feed, stop loss and banking arrangement.

Do not cancel in-force plan(s) and/or policy(ies) until final approval is received.

UMR is not bound by any typographical errors and/or omissions contained herein.

Fees proposed assume utilization and case management services are provided through UMR in order to access UnitedHealthcare Networks.

Conditions

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, if the number of covered employees changes by fifteen percent (15%) or more; or if the average contract size, defined as the total number of enrolled Participants divided by the total number of enrolled Employees, varies by 15% or more from the assumed average contract size. Any new fee required by such change will be effective as of the date the changes occur, even if that date is retroactive.

Claim reprocessing due to situations, such as retroactive benefit or eligibility changes, may require additional fees.

UMR will share raw claims and eligibility data, however, we reserve the right to exclude data elements deemed proprietary by our organization.

The UMR renewal proposal requires the Cost Reduction and Savings Program. Additional fees will apply, should this program be carved out.

UMR provides an ERISA DOL appeals process. UMR does not participate in Grievance Review Panel Hearings.

UMR requires that all qualified high-deductible plan designs meet federal regulatory requirements. Our coordination of benefits (COB) process will meet the requirements for Preservation COB processing.

Administration of plans requiring integrated deductible and out of pocket to comply with the Essential Health Benefits provision of Health Care Reform, qualified high deductible health plan or the like, assumes the use of service providers (pharmacy benefits manager (PBM), dental, vision, etc.) that are currently integrated with UMR. Utilizing these service providers may require additional fees. Please refer to your representative to identify integrated service providers.

FSA fees: HCA assumes a minimum of 20% of medical employees participating; DCA assumes a minimum of 20% of the HCA population participating.

Health reimbursement account assumes 20% participation rate.

If multiple accounts can be administered on a single debit card, only one debit card fee is applicable.

Care management bundled discount - fees assume all care management products listed on care management bundled discount line are selected. Discount will change if services selected change.

UMR does not administer statutory disability benefits.

HSA trustees bill directly for HSA services.

UMR cannot support the drug data requirements for Medicare Part D subsidy submission of plans where the pharmacy claims are paid under the medical plan. We recommend these pharmacy benefits be provided by a pharmacy benefits manager.

Wellness Credit

Customer Name : Madison County Board Of Supervisors
Plan Effective Date : 10/1/2020

UMR has provided an annual \$5,000 wellness credit, to be used during the contract period from 10/1/2020 to 9/30/2023 for implementing wellness

Conditions:

- Requires a three year agreement. Early termination is subject to the early termination penalty outlined below.
- Any unused credit dollars at the end of the specified term are forfeited by the group.
- Reimbursement or payment will not be made directly to any person or vendor.
- Approved wellness credit expenses are credited to the ASO fees on the monthly bill.
- Assumes an enrolled subscriber count within 15% of the quoted subscriber count of 389.

Early termination penalty*:

Termination prior to 10/1/2021 = 100% of Wellness Credit

Termination prior to 10/1/2022 = 50% of Wellness Credit

Termination prior to 10/1/2023 = 25% of Wellness Credit

* - penalty amount will not exceed actual amount credited as of the cancellation date.

Wellness Program Guidelines

UMR recommends the following building blocks for establishing a successful wellness program that is specific to your organization's unique needs and

Visible senior-level support for wellness programming

Programming tied directly to improving health or wellness within your member population

Wellness initiatives supported by a communication program

Environment supportive of healthy behaviors

Collaboration with the strategic account executive (SAE) to incorporate initiative into a three-year strategic plan to maximize the effectiveness of the

UMR Eligible Services for a Wellness Credit

The following items are eligible services covered by a wellness credit:

- UMR Health and Wellness - Clinical Health Risk Assessments (CHRA's) and Health coaching
- Biometric screenings
- Real Appeal
- UMR Disease Management program
- UMR Maternity Management program
- Incentives provided to encourage participation in wellness programs, for example gift cards for CHRA, biometric and/or Health and Wellness or Disease Management coaching completion.
- Biometric screenings using UMR's preferred vendor or an external vendor
- Flu shots
- Onsite health fair services- osteoporosis screening, skin cancer screening, nutritional consulting/education, mobile mammography or cardiovascular screening
- Onsite health clinic preventive services
- Wellness related consultative services from physicians, licensed therapists, registered dieticians and other health care professionals
- Dedicated onsite health and wellness coordinator service (program management)
- Health and wellness onsite educational classes from an external vendor or speaker (i.e. stress management, ergonomics, nutrition, cooking demo, etc.)
- Onsite behavioral change classes: Weight Watchers, smoking cessation, anger management
- Smoking cessation programs and therapy (i.e. nicotine replacement therapy)
- Onsite exercise: Walking, pedometer program, stair climbing, water aerobics, swimming, cycling, aerobics, personal training, stretching, gym memberships or onsite gym services, acupuncture, alternative/holistic services
- Exercise equipment: Gym equipment – onsite and offsite
- Relaxation: Massage chairs, massage therapy, yoga
- Lactation: Services associated with accommodating onsite mother's room – couch, table, lighting
- Executive physical exams
- Ergonomic equipment: Work stations, chairs, keyboards, back supports
- Online activity tracking and reward administration

Example: Paying a health and wellness vendor to track employee participation. Reward would include a gift card or monthly activity fee paid.

- Other: Various incentives related to health and wellness that are provided to encourage participation in wellness programs
- Example: Entry fees to a wellness event (race), attire/gear for a wellness event, rental of equipment for wellness activity.
- The fees for generating out of company data extracts that are explicitly used to support wellness programs
- Printing expenses/materials for a health and wellness event: Costs directly related to the promotion of the eligible wellness program or service (printing expenses or required materials for event)

Note: Contribution based incentives such as contributions to HSA and HRA are not covered under this program.

UMR account management will consult with the customer to develop a plan to use wellness credits. Expenses not listed above are subject to prior

Proposed Optional Services

Customer Name : Madison County Board Of Supervisors
 Plan Effective Date : 10/1/2020
 Subscribers : 389

UMR is pleased to provide the following proposal describing our services. Although the final terms of the arrangement will be reflected in the contracts between Madison County Board Of Supervisors and UMR, this document will provide supplemental information to the Administrative Services.

The quotation presented in the Financial Exhibits was based on the assumptions outlined in this document. *The information contained in this proposal is confidential.* This proposal requires a minimum lead time from notice of sale to the plan effective date for implementation. This will depend upon plan complexity and group size.

The following is a list of the standard administrative services offered by UMR with year-one fees only listed. In addition to our standard services, we have indicated those additional services that may be offered at an additional fee. Any service not specifically listed within this document or confirmed in the RFP response is assumed to be excluded from quoted fees.

Account Services		
Services	Included In Medical Fee	Comments/Fees
Implementation and maintenance of account	Yes	
Representatives available for one enrollment meeting(s) annually	Yes	This assumes local business travel and normal hours.
Standard initial enrollment packets	Yes	Additional cost applies for home mailing of enrollment packets.
Standard ID card production and issuance mailed to employee's home address. Additional option is to mail bulk to group or locations.	Yes	
Standard ID card templates available for card design.	Yes	Additional fees: Pricing available upon request for new template.
Standard is one card issued for employee only coverage, two cards issued for employee plus spouse, employee plus partner, employee plus children; and family coverage.	Yes	Additional fees: \$1.00 per ID card charged for additional ID cards above the standard. Example: Group chooses to issue one card for each member.
Madison County Board Of Supervisors logo on ID card	Yes	
UMR generated numeric alternative member ID (not based on SSN)	Yes	
Ongoing account management	Yes	
Prepare and deliver an electronic copy of one ERISA summary plan description (SPD), amendments, and one plan document for each plan, in English	Yes	Madison County Board Of Supervisors is responsible for the legal sufficiency of these booklets. Printing and mailing of plan document, SPDs, and amendments is an additional fee of cost plus postage.
Eligibility processing:	Yes	
<i>Electronic enrollment processing:</i>		
· Files from multiple locations are acceptable		
<i>Submission Format:</i>		
· UMR standard format or HIPAA 834 Compliant Format		
<i>Submission Frequency:</i>		
· Full file weekly with a full population file audit on a quarterly schedule (preferred)		
· Full file on any other frequency with a full population file audit on a quarterly schedule (acceptable)		
· Changes file on any frequency with a full population file on a quarterly schedule (acceptable)		
· Full file weekly or bi-weekly (acceptable)		
<i>Transmission method:</i>		
· FTP with PGP encryption (preferred)		
· SSH, SFTP, SSL transfers (acceptable)		

Proposed Optional Services

Standard accounting structure: · Accommodates separate claims reporting for different benefit plans · Accommodates separate claims data for different locations and groups	Yes	
Maintenance of all separate benefit plans	Yes	
Online invoicing which provides capabilities to: · View all prior month's invoices online · Sort and search enrollee information from downloadable Excel file · Download current billing detail and request subscriber terminations	Yes	
Bill administrative, stop loss and optional service fee(s)	Yes	Additional fee to bill insured policies other than stop loss or transplant (if applicable)
Online services accessed through employer Web site or umr.com such as: customer reporting access, electronic billing, and online administration options that include online eligibility maintenance, claim status inquiry, ID card request, and secure messaging	Yes	
Full/partial summary of benefits and coverage (SBC) creation with data UMR has on file (includes initial SBC plus one amendment per year, electronic version only provided to employer)	Yes	
Translation of SBC into non-English text	No	Additional charge: cost of translation
Print and ship SBC to employer at open enrollment	No	Additional charge: cost plus postage (approval required)
Inclusion of outside vendor data in SBC in UMR standard format (e.g. carved out benefits)	No	Additional charge: \$1,000 per SBC per benefit plan (approval required)
Any SBC created in excess of the initial SBC plus one revision to the initial SBC that is included with medical administration.	No	Additional charge: \$500 per SBC per benefit plan
External Pharmacy Benefit Manager (PBM) Interface Fee · Implementation and maintenance of eligibility files · Remitting payment on behalf of the PBM vendor · Pharmacy claims detail imported into InfoPort · Non-preferred PBM's are subject to prior approval and may require additional fees.	No	Additional charge: \$6.00 PEPM
External vendor interface (excluding stop loss)	No	Cost dependent upon interface complexity.
Enrollment file sent to external vendor in UMR file format	No	Additional charge: fees available upon request
Annual re-issuance of ID cards to all employees if changes in benefits do not occur	No	Additional charge: fees vary based on scope of request
OptumInsight™ will complete Mental Health Parity testing and analysis when requested by the customer	No	Additional charge: Actual vendor cost

Proposed Optional Services

Online Customer Reporting

Services	Included in Medical Fee	Comments/Fees
Standard management reports	Yes	
Online access to InfoPort, internet-based employer reporting tool	Yes	
New York and Massachusetts surcharge reporting (medical claims)	Yes	
Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals	Yes	
Provide required data necessary to enable Madison County Board Of Supervisors to file Form 5500	Yes	
Non-Certified Reserve estimates	Yes	
Non-standard or ad hoc reports, or standard reports at a non-standard frequency. Up to two hours included.	Yes	Additional hours charged at \$100 per hour
Interactive Reporting - expanded online customer reporting system. Up to three customer licenses are included	No	Additional costs may apply if non-preferred PBM is used or for history loads or external vendor data feeds. There is an additional one-time charge of \$500 for each license in excess of three.

Banking Services

Services	Included in Medical Fee	Comments/Fees
Customer-Maintained Banking Services (Standard)		
Customer establishes and maintains bank account at bank of their choice and determines funding method. UMR issues benefit payments from this account. Required for stop loss advanced funding.	Yes	Assumes one bank account per customer
Internet reporting - cash disbursement reporting and monthly financial reporting	Yes	
Positive pay check fraud control services	No	Additional charge: \$1,000 annual fee if UMR supported automated file; \$1,500 annual fee if manual or non-supported file.
Banking – additional check register reporting for multiple locations or bank accounts	No	Additional charge: \$450 one-time setup fee per each additional source code
Bank account change after initial setup	No	Additional charge: \$500 one-time setup fee
Custodial Banking Services (Optional)		
UMR establishes bank account and banking arrangements at BMO Harris (requires an initial deposit of one or two weeks estimated claims, depending on funding method selected).	No	Additional charge: \$250 monthly fee. Assumes one bank account.

- Internet reporting - cash disbursement reporting and monthly financial reporting
- Account reconciliation
- Positive pay check-fraud control services
- Stop payment requests, check copies, outstanding check list maintenance and reporting, and search letters for un-cashed check diligence

Financial Support Services

Services	Included in Medical Fee	Comments/Fees
Basic claim projections using book of business assumptions for reserves and trend	Yes	
Basic benefit design changes & financial impact	Yes	
Basic premium-equivalent rate calculations	Yes	Not medically underwritten.

Proposed Optional Services

Actuarial Services:

· Reserving

- Level 1: Certified Reserve
- Level 2: Certified Reserve & Paid Claim Trend Review
- Level 3: Certified Reserve, Paid Claim Trend Review, &

Plan Year Forecast

· Pricing (Examples of services requested/performed)

Please discuss with underwriting as some basic services already included)

- Custom claim projections using customer specific reserves and trend
- Custom plan design changes & financial impact
- Custom premium-equivalent rate calculations
- Financial impact of legislation changes
- Risk sharing arrangements
- For all others subject to review & approval

No

\$400 per hour

Please review the UMR product guide or email UMR_Actuarial@umr.com for more information.

Proposed Optional Services

Claim Services		
Services	Included in Medical Fee	Comments/Fees
Plan implementation of Madison County Board Of Supervisors's employee benefits plans, setup of benefit design, eligibility data and a testing of sample claims	Yes	
Claim history load from prior administrator using an electronic method to load financial information to an individual's history. Standard items include calendar year deductible, out-of-pocket, lifetime maximums and mental health/substance use disorder lifetime maximums.	Yes	One standard accumulator load
Claim adjudication services	Yes	
Print and distribute standard explanation of benefit (EOB) forms	Yes	
Toll-free telephone number	Yes	Additional charge: dedicated toll-free telephone number \$1,000 one-time setup fee
Claim service representatives are available Monday through Friday, 24 hours a day. (Hours are specific to the time zone of the customer's headquarters).	Yes	
Standard claim forms	Yes	Additional charge: non-standard forms (when applicable)
Internal medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, apply reimbursement and medical policy. This includes utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests.	Yes	
Five federal external reviews for appeals for non-grandfathered plans for adverse benefit determinations that involve medical judgment or a rescission of coverage	Yes	Additional reviews will be charged at \$500 per review.
Online notification of all checks issued.	Yes	
Standard coordination of benefits for all claims when information is less than 12 months old	Yes	
Reasonable and customary guidelines for out-of-network surgical, medical, lab and X-ray claims using OptumInsight™ data	No	80% - 95% is available without prior approval; customers typically select 85%
First-level appeal (mandatory)	Yes	Completed by claim appeal auditor in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current Department of Labor (DOL) regulations. Does not include grievance process.
Second-level appeal (when elected by the employer; may be voluntary or mandatory)	Yes	Completed by claim appeal auditor, not involved in first level appeal, in consultation with appropriate medical professional(s), if necessary. Appeals are resolved according to current DOL regulations. Does not include grievance process.
Access for your employees to the umr.com Web site, providing a private, secure, easy-to-use application for customer care including: <ul style="list-style-type: none"> · Claim status · Eligibility information · Search for network physicians and other health care providers · Online health and well-being information · Order a replacement ID card · Member used online health assessment tool · Links to pharmacy, mental health/substance use disorder, vision, flexible spending account, health reimbursement account, health savings account, and/or dental sites, if services provided by UMR 	Yes	

Proposed Optional Services

During the term of the Agreement or six months following termination, Madison County Board Of Supervisors or its representatives may perform an annual audit of UMR services, at its own expense, subject to UMR standard requirements regarding prior notice, confidentiality, length, time and place, and findings.	Yes	
Application of the Advanced Claim Review program / UMR or its affiliate's board certified, same-specialty physicians will review claims and records of high-cost procedures. Reviews may also be conducted using detection analytics. Claims for which billing and/or coding errors are identified will be adjusted to reflect the appropriate payment amount.	No	Madison County Board Of Supervisors participants will automatically participate in the Advanced Claim Review program. Madison County Board Of Supervisors, will be billed 30% of the savings monthly.
Application of UMR's OON programs provides additional savings on select facility and physician claims not eligible for standard network discounts (i.e., non-participating providers). Facility and physician savings programs apply to all medical products offering an out-of-network component on select out-of-network claims of network based plans. Our shared savings programs are designed to meet the needs of our customers and may include, but is not limited to, facility and physician fee schedules, facility and physician fee negotiation, physician and facility U&C and MNRP. Our lead solution is our CRS Benchmark Program. Other solutions include NPC ² and the CRS Program.	No	Participants will automatically participate in one of our Shared Savings Programs. 22% of savings and \$50,000 per claim savings cap will be billed for CRS Benchmark Program \$4.00 PEPM and 22% of savings w/ a \$50,000 per claim savings cap will be billed for NPC ² 30% of savings with a \$50,000 per claim savings cap will be billed for CRS Program
Claim data extract in UMR file format sent to external vendor	No	Additional charge: fees available upon request
Claim reprocessing (due to situations such as retroactive benefit or eligibility changes made by customer)	No	Additional charge: \$25.00 per claim
Non-standard EOBs, and/or copies of EOBs sent to the employer	No	Inclusion of plan logo is permissible. Additional charge: \$150 per hour for any other changes requiring system reconfiguration.
Claims fiduciary	Yes	
Run-out claims following the termination of our contract - UMR's standard is to process claims incurred prior to termination for a 6 month period following termination. For this service, the customer will pay UMR a fee equal to two (2) months of the last active month's fees for base administration (exclusive of any Rx Rebate credit) and network access. These fees are due and payable prior to the termination date. UMR will only process run-out claims if the customer is current with all premium and fee obligations. Other fees that may continue past the termination of the contract, include, but are not limited to: CRS fees, subrogation fees, fees for non-standard termination or ad-hoc reports, monthly or annual banking fees (if applicable), early termination penalties (if any), and Value Based Contracting fees (if using the Choice+ network).	No	Fee available upon termination.
Application of subrogation services	No	Additional charge: 30% of the subrogation recoveries on a monthly basis.
Administration of plans requiring integrated medical and pharmacy deductible and out of pocket with integrated PBM or other integrated service provider (list available upon request)	Yes	Included with medical administration provided there is an established interface between UMR and the chosen PBM. Otherwise additional development fees may apply.

Optional Claim Services

Service	Included in Medical Fee	Comments/Fees
Credit balance recoveries (AIM ledger initiated audit)	No	Additional charge: 20% of recovery.

Proposed Optional Services

UMR contracts with an outside audit firm that audits credit balances from various hospitals. If the outside audit firm identifies that this Plan is owed a refund, the refund minus the auditing firms' commission, will be sent to the Plan Sponsor.

<p>Overpayment recoveries - UMR shall make an attempt to recover overpayments over \$100 by requesting repayment. In the event the above recovery attempts are unsuccessful, the Plan Sponsor will receive written communication outlining the legal recovery process.</p>	<p>No</p>	<p>Fees are contingent upon additional recovery process requested.</p>
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Proposed Optional Services

Care Management Services - per employee per month (PEPM)

	Fee Shown on Renewal	Comments/Fees
Utilization Management (UM): <ul style="list-style-type: none"> · Concurrent review for inpatient, behavioral health, skilled nursing facility, acute rehabilitation and home health care · Identification/referral to case management · Independent medical review · Discharge planning · Durable medical equipment · Inpatient Services (UMR's specified list) · Consultations · Standard reports · Certain specialty injectables 	Yes	
UMR GPS Care Management which includes: <ul style="list-style-type: none"> · Case Management (CM) · Readmission Prevention (RaP) · Maternity Management (MM) · HealthNotes (HeN) · HealthNote Reminders (HeNR) · Nurseline (NL) · Access to Web Tools 	No	Additional charge: \$3.65 PEPM
Case Management (CM): <ul style="list-style-type: none"> · Case management assessments · Coordination with complex treatment plan · Specialized transplant, oncology, behavioral health and high-risk newborns · High-risk pregnancies · Behavioral health and substance use disorder · Potential high-dollar treatment/ services, including stop loss · Independent medical review · Standard reports 	Yes	
Readmission Prevention <ul style="list-style-type: none"> · Identify members recently discharged with specific conditions · Nurse contact via phone to ensure a timely follow is made with physician, medications are accurate and family/social supports are in place · Referral to case management, if needed · Standard report 	No	Additional charge: \$0.30 PEPM
NurseLineSM (NL): <ul style="list-style-type: none"> · 24 hours a day, seven days a week access to trained registered nurses providing triage direction, potential treatment options, appropriate use of medications and health education information · 140 languages, including English and Spanish · Hearing assistance accommodations 	No	Additional charge: \$0.50 PEPM

Proposed Optional Services

Disease Management (DM): <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · Management of asthma, chronic obstructive pulmonary disease, heart failure, coronary artery disease, depression, diabetes and hypertension · One-on-one telephonic sessions with a health coach · Educational materials · Quarterly electronic newsletters and tri-annual paper newsletters for those identified with a chronic condition · Online Internet resources · Standard reports · HealthNotes · Predictive modeling 	No	Additional charge: \$3.85 PEPM
Disease Management (DM)-Diabetes: <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling 	No	Additional charge: \$1.30 PEPM
Disease Management (DM)-Coronary Artery Disease: <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling 	No	Additional charge: \$0.40 PEPM
Disease Management (DM)-Asthma: <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling 	No	Additional charge: \$0.20 PEPM
Disease Management (DM)-Chronic Obstructive Pulmonary Disease: <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling 	No	Additional charge: \$0.20 PEPM
Disease Management (DM)-Heart Failure <ul style="list-style-type: none"> · Identification and stratification · Member recruitment · One-on-one telephonic sessions with a health coach · Educational materials · Online Internet resources · Standard reports · Predictive modeling 	No	Additional charge: \$0.20 PEPM

Proposed Optional Services

<p>Maternity Management (MM):</p> <ul style="list-style-type: none"> · Identification and stratification by self referral, Web enrollment, or clinical health risk assessment (CHRA) · Member recruitment · Pre-conception coaching (member self referral and CHRA) · One-on-one telephonic sessions with a registered nurse (OB/GYN background), one per trimester and one post-delivery call · Educational materials · Incentive reward for first or second trimester enrollees · High-risk referral for case management · Standard report 	No	Additional charge: \$0.65 PEPM
<p>Comprehensive Health and Wellness (HW) Program:</p> <ul style="list-style-type: none"> · Identification and stratification via clinical health risk assessment (CHRA) · Web or paper based CHRA with mailed results packet to employee · Up to 10 telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more) · Telephonic assistance and one on-site visit from Work-site Wellness Consultant per year · Educational materials · Member recruitment · Online Internet resources · Tri-annual newsletter for all eligible members · Actions plans (online behavioral-based educational modules) · Standard reports 	No	Additional charge: \$3.95 PEPM
<p>Online events and challenges (must also purchase either transactional or comprehensive HW) - online tracking of program participation and incentive points earned in association with completion of CHRA, events and challenges, and action plans. Includes self-reported or batch-loaded events and challenges and reporting capabilities</p>	No	Additional charge: \$1.25 PEPM
<p>HealthNotes:</p> <ul style="list-style-type: none"> · Targeted mailings to members and providers · Identification of chronic condition gaps in care · Provide information on preventing long-term issues and avoiding health care costs · Identify opportunities/gaps in care through medical and/or pharmacy claim data 	No	If Disease Management is purchased, HealthNotes is included. HealthNotes can be purchased as a standalone product at \$0.35 PEPM.
<p>HealthNote Reminders:</p> <ul style="list-style-type: none"> · Targeted member messaging to address preventive gaps in care · Reminders to discuss recommended, routine preventive care with provider · Targeted areas: women's health (mammography and cervical cancer screening), adolescent/childhood immunization, diabetes and cholesterol/coronary artery disease (CAD) · Identify opportunities/gaps in care through medical claim data 	No	Additional charge: \$0.13 PEPM
<p>Treatment Decision Support:</p> <ul style="list-style-type: none"> · Telephonic sessions with registered nurses offering information on medical conditions/treatment options · Targeted areas: musculoskeletal (back pain, knee and hip replacement), men's health (benign prostatic hypertrophy, prostate cancer), women's health (benign uterine conditions), breast cancer, coronary artery disease (CAD), coronary artery bypass graft (CABG), angioplasty and bariatric surgery. · Referral to care management programs and in-network providers 	No	Additional charge: \$0.38 PEPM) Must have a minimum of 500 subscribers

Proposed Optional Services

- Identify opportunities/gaps in care through medical and/or pharmacy claim data
- Standard report

Emergency Room Support Program:

Provides outreach and clinical support to individuals who have five or more times in 12 month period. Nurses will provide:

No

Additional charge: \$0.25 PEPM

- Education on appropriate levels of care
- Address barriers
- Connect members with providers
- Assist in managing conditions

Chronic Back and Neck Pain Program:

The program addresses spinal musculoskeletal chronic pain that including those members who use opioids for long term pain relief. Members are identified thru claim mining and recruited to work with a chronic pain nurse on lifestyle changes, alternatives to narcotics for pain relief, review for depression and improved quality of life.

No

Additional charge: \$0.12 PEPM

Proposed Optional Services

Care Management - Additional Services

	Included in Fee Provided	Comments/Fees
HW transactional:		
Lifestyle Coaching: <ul style="list-style-type: none"> • Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately • Up to five telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco and nicotine cessation and more) • Educational materials • Member recruitment • Online Internet resources • Actions plans (online behavioral-based educational modules) • Standard reports 	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs
CHRA Review: <ul style="list-style-type: none"> • One telephonic session with a health coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable). • Educational materials • Standard report 	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs
Tobacco and Nicotine Cessation Program: <ul style="list-style-type: none"> • Up to five telephonic sessions with a health coach (define a personalized quit plan, educate on harmful effects of tobacco, act as an accountability partner) • Educational materials • Online Internet resources • Actions plans (online behavioral-based educational modules) • Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching) • Standard reports 	No	Additional charge: \$ 430.00 per case
Tri-Annual Newsletter - Health and Wellness	No	\$1.25 per employee per issue; issued on a tri-annual basis
Nicotine Replacement Therapy (NRT) (requires purchase of Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program)	No	Additional charge: NRT patches - \$105 per six week supply per participant; NRT gum - \$165 per six week supply per participant. The supply is an add on for Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco and Nicotine Cessation Program.
Web-based clinical health risk assessment (CHRA) with mailed results packet to member	No	Additional charge: \$6.50 per CHRA
Paper-based CHRA with mailed results packet to member	No	Additional charge: \$13.00 per CHRA
Biometrics (NOTE: Special requests or late changes may incur additional fees. Contact your UMR representative for further information.)		
Onsite Fingerstick Lipid Panel (30 minimum per event)	No	Additional charge: \$53.00/screening
Onsite Venipuncture Basic (Lipid Glucose) Panel	No	Additional charge: \$52.50/screening (20+); \$62.00/screening (16-19); \$90.50/screening (11-15); \$143.00/screening (7-10); \$172.50/screening (1)
Onsite Venipuncture Comprehensive Panel	No	Additional charge: \$80.00/screening (20+); \$92.00/screening (16-19); \$135.50/screening (11-15); \$179.00/screening (7-10); \$197.00/screening (1)
Onsite Deluxe Comprehensive Panel (20 minimum per event)	No	Additional charge: \$99.00/screening
Basic Venipuncture Panel at Remote Lab	No	Additional charge: \$65.50/screening
Comprehensive Venipuncture Panel at Remote Lab	No	Additional charge: \$83.00/screening

Proposed Optional Services

Additional fingerstick screenings available with on-site event (15 minimum per event per test)	No	Additional charge: • Prostate specific antigen - \$20.00/screening • Hemoglobin A1C - \$18.50/screening • Cotinine - \$18.50/screening (Fingerstick) or \$35.50/screening (Saliva Swab)
Additional venipuncture screenings available with on-site event or remote lab	No	Additional charge: • Prostate specific antigen - \$14.00/screening • Hemoglobin A1C - \$9.50/screening or Reflex A1C \$12.50/screening • Cotinine - \$15.00/screening • EGRF - \$4.15/screening • EGRF + A1C - \$7.00/screening
On-site Stand Alone Cotinine Saliva Swab (30 minimum per event)	No	Additional charge: \$45.00/screening
On-site Stand Alone Cotinine Venipuncture (20 minimum per event)	No	Additional charge: \$46.00/screening
Stand Alone Cotinine Venipuncture at Remote Lab (No Minimum)	No	Additional charge: \$38.50/screening
Home Kit: Lipid Only, Lipid + Glucose, Lipid + A1C and Cotinine Only	No	Additional charge: • Mailing fee: \$10.00 per kit mailed • Processing Fee: \$52.00 per kit processed • Add on Cotinine to one of the Lipid Panel: \$12.00 per kit processed
Additional screener	No	Additional charge: \$89.00 per hour with 4 hour minimum
Registration Clerk: Vendor provides 1 registration clerk at no additional cost for Events with 50 or more Projected Participants. Additional Staff dedicated solely to registration clerk responsibilities are at the noted rate.	No	Additional charge: \$45.00 per hour
Bilingual Screeners	No	Additional charge: \$89.00 per hour with 4 hour minimum
MyGuide Addon	No	Additional charge: \$8.25 - Addon to Fingerstick (online and mailed report) \$3.50 - Addon to Fingerstick (online only report) \$6.00 - Addon to Venipuncture (online and mailed report)
Flu Shot Vouchers	No	Additional charge: \$38.50/shot
PDHI Physician Lab Forms: available with or without biometrics	No	Additional charge: \$8.80/ form
On-site flu shots (require a minimum of 20 participants –in conjunction with an on-site screening event or 30 participant required for standalone event)	No	TBD annually (Contact your UMR representative for further information)
Privacy Screens: 6' x 6' privacy curtain (Fees are per screen per Event)	No	Additional charge: \$37.00/screen
Real Appeal - Year-long weight loss program • Promotional/communication assistance and materials • Initial welcome session • Weekly, Web-based group session • Ongoing, Web-based (face-to-face) individual coaching • Success kit (mailed to participant's home) - program success guide, nutrition guide and fitness guide, blender, body weight scale, food scale, workout DVDs, fitness band and more • Online/mobile tools to track nutrition and physical activity • Standard reports	No	Session costs paid through medical claims (Contact your UMR representative for further information.)

Centers of Excellence (COEs)

Services	Included in Fee Provided	Comments/Fees
Transplant Resource Services (TRS)	No	Access to Optum's Transplant Centers of Excellence Fee per transplant type

Proposed Optional Services

Transplant Network Access TAP	No	Transplant Network Access (TAP) Optum's secondary network. Addresses the challenge when a member opts to seek care with transplant outside of the primary Optum COE network. Additional fees will apply
Ventricular Assist Devices (VAD) Option	No	Ventricular Assist Devices (VAD) For members with a weakened heart or heart failure, cardiologists often recommend a Ventricular Assist Device (VAD), while awaiting a heart transplant or as a long-term treatment. Additional fees will apply
Extra Contractual Services (ECS) Option under Transplant Resource Services with description and fee	No	Extra Contractual Services (ECS) The fees are 15% of savings, calculated as the difference between charges per the applicable Network and the Network Provider's usual charges for the same services, not to exceed the fee for the corresponding transplant under the table above.
Specialized Physician Review (SPR) Option under Transplant Resource Services with description and fee	No	Specialized Physician Review (SPR) Second opinion/look by a Optum expert physician as to the proposed treatment. Additional fees will apply
Spine and Joint Solution (SJS): · Access to Optum Centers of Excellence for select knee, hip and spine surgeries. Optum Center of Excellence's accept bundled case rates for in scope procedures · Plan Design Change Required	No	Additional charge: \$1.58 PEPM
Bariatric Resource Services (BRS) · Access to Optum's Centers of Excellence for select bariatric surgeries.	No	Additional charge: \$0.91 PEPM
Cancer Resource Services (CRS): Access to the Cancer Centers of Excellence network of providers with proven quality and efficiency of care.	No	Additional charge: \$0.22 PEPM
Kidney Resource Services (KRS) : Access to Optum kidney dialysis preferred provider network Note this is not a Center of Excellence. No charge for clients with Choice Plus or Options Networks.	No	No charge
Rental Network charges will apply when utilized.	No	18% of savings with a \$4,500 maximum per case per calendar month
Congenital Heart Disease Resource Services (CHDRS): Access to the Optum's CHD Centers of Excellence	No	Additional charge: \$0.07 PEPM
Fertility Solutions Fertility Solutions offers access to specialized fertility nurse case managers and access to leading fertility Centers of Excellence providers. A 3,500 member billing minimum is required.	No	Additional charge: \$2.76 PEPM

Network Services

Service	Included in Fee Provided	Comments/Fees
Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, contracting (including Value Based Contracting) and credentialing, network analysis and system development and verification of provider participating status and re-pricing to established contractual allowances	Yes	Managed by network(s) · Excludes direct contract arrangements held by Plan Sponsor · Not applicable to Medicare primary claims · Network access par and non-par administration and repricing do not apply to Medicare primary claims
Printing of provider directories	No	Additional charge: cost plus postage. On-line directories available at no charge.
Premium Designation Network	Yes	No additional charge, Plan Advisor is recommended.

Proposed Optional Services

Discount Card Program

Services	Included in Fee Provided	Comments/Fees
Discount Card program enabling individuals to access pre-negotiated savings on out-of-pocket health care purchases. The program includes savings for:		Available for products not currently being quoted by UMR
Health care discount card - vision only	No	Additional charge: \$0.75 PEPM
Health care discount card - dental only	No	Additional charge: \$1.50 PEPM
Health care discount card - vision and dental only	No	Additional charge: \$1.85 PEPM
Health care discount card - vision, dental and hearing	No	Additional charge: \$1.95 PEPM

Flexible Spending Account (FSA) Services

Service	Fee Shown on Renewal	Comments/Fees
Standard FSA services including:	No	Additional charge: \$4.75 PEPAPM (per employee per account per month) - health care account (HCA). Assumes a 20% enrollment.
<ul style="list-style-type: none"> · Extensive consumer education options and materials for effective member communications campaigns · Single claim submission with automatic roll-over from UMR medical system · Reimbursement minimum of \$10.00, \$25.00 or \$50.00 · Control check and payment processes · Customer care representation during normal business hours · Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with a standard frequency of every other week · Strategic planning support and plan modeling · Standard FSA banking arrangements using separate bank account for FSA plan · Online claims submittal and FSA estimator tools · Direct deposit of payments to employee bank accounts; member must elect · Standard internet services with summary and detail level views of account activity · Interactive voice response and internet inquiry system · Free member mobile application with claim submittal, summary and detail level views of account activity · Approved vendor file adjudication · FSA claim administration for over-the-counter medication · Standard reports 		Additional charge: \$3.75 PEPAPM - dependent care account (DCA).
Non-approved vendor file adjudication	No	Additional charge: fees available upon request
Check reimbursement with no minimum	No	Additional charge: \$0.50 PEPAPM
Debit Card, which offers direct payment for FSA and/or Parking and Transportation out-of-pocket expenses (not available with HSA)	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)
Auto-reimbursement not selected	No	Additional charge: \$0.50 PEPAPM
FSA run-in claims – set-up	No	Additional charge: \$2,000 one-time setup cost
Printing of plan booklet with mailing to customer	No	Additional charge: cost plus postage.
Transportation and parking	No	Additional charge: \$4.75 PEPAPM
Nondiscrimination testing, to ensure that contribution elections remain within the guidelines established by the IRS	No	Additional charge: actual vendor cost

Proposed Optional Services

Health Reimbursement Account (HRA)

Service	Fee Shown on Renewal	Comments/Fees
<p>Standard administration services:</p> <ul style="list-style-type: none"> · Integrates with the claim administration of the medical plan, allows automated rollover processing · HRA and medical plan claims are paid on a single check to provider · One explanation of benefits (EOB) combined with medical plan payments · Position HRA as first dollar coverage or with front-end deductible · Strategic planning support and plan modeling · Choose from various annual rollover configurations and asset accumulation options · Choose from various options for proration · HRA-specific reporting package · Standard internet services with summary and detail level views on account activity of HRA contribution amount · Extensive consumer education options and materials for effective member communication campaigns 	No	Additional charge: \$4.00 PEPM
<ul style="list-style-type: none"> · Debit Card (if the HRA is to cover pharmacy, a debit card can be purchased to coordinate these pharmacy expenses applying to the HRA) 	No	Additional charge: \$1.40 Per Card Per Month (with Medical) \$1.90 Per Card Per Month (standalone)

Proposed Optional Services

Qualified High-Deductible Health Plan (QHDHP)

Service	Included in Fee Provided	Comments/Fees
<p>Standard administration services:</p> <ul style="list-style-type: none"> · QHDHP plan design(s) meet the IRS requirements · Coordinate implementation with multiple preferred financial institution partners for health savings account trustee services · No requirements to use one of the preferred financial institution partners · Employer's ability to set-up and administer various contribution schedules and strategies based on specific needs · Assist with setting up payroll connectivity to preferred processors · Streamlined administration and setup · Access to internet-based consumer tools · Strategic planning support and plan modeling · Product-specific reporting package · Access to Web-based consumer tools · Links to preferred financial institutions' account management tools · Extensive consumer education options and materials for effective member communication campaigns 	Yes	

Proposed Optional Services

COBRA Administration

Service	Fee Shown on Renewal	Comments/Fees
COBRA Services: <ul style="list-style-type: none"> · Collect and process monthly premium payments · Review disability status for COBRA extensions · Send termination and conversion rights letters · Notification letters by certified mail · Initial (DOL) letters for new hires · Two additional UMR lines of coverage 	No	Additional charge: \$1.05 PEPM
COBRA – billing for outside vendors	No	Additional charge: \$0.05 PEPM for each additional vendor
COBRA – additional UMR lines of coverage	No	Additional charge: \$0.05 PEPM for each additional line

Dental Administration Services

Service	Fee Shown on Renewal	Comments/Fees
Dental claims administration services	No	
Dental utilization management – in-house consultant	No	No additional charge
Dental utilization management – American Dental Examiners (ADE)	No	Additional charge: \$28.00 per review

Vision Administration Services

Service	Fee Shown on Renewal	Comments/Fees
Vision claims administration - indemnity vision benefit included with the medical plan document	No	Additional charge: \$1.00 PEPM
Vision claims administration - indemnity vision benefit independent of the medical plan document	No	Additional charge: \$1.75 PEPM
Spectera Vision - self-funded	No	Additional charge: \$1.50 PEPM

Short-term Disability Services (STD)

Service	Fee Shown on Renewal	Comments/Fees
STD claim administration services	No	Additional charge: \$2.75 PEPM excludes run-in.
STD clinical consultation	No	
STD check processing	No	Additional charge: \$0.10 PEPM

Stop Loss Services (SL)

Service	Fee Shown on Renewal	Comments/Fees
Interface with UMR's preferred third party stop loss vendors. Services include: daily monitoring of received/processed claims and care management transactions, premium billing and collection, and plan document changes/updates to the carrier for UMR's preferred vendors when stop loss coverage has been placed by UMR	Yes	
Stop loss coverage placed with a non-preferred vendors - additional surcharge	No	Additional charge: \$5.00 PEPM
No carrier with a competing network or affiliated with an entity with a competing network may write Stop Loss coverage (individual or aggregate) on top of a UnitedHealthcare network.		

Proposed Optional Services

Other Additional Services

Service	Fee Shown on Renewal	Comments/Fees
Administration of plans requiring integrated deductible and out of pocket with non-integrated service providers (pharmacy benefits manager (PBM), dental, vision, etc.)	Yes	Included with medical administration provided there is an established interface between UMR and the chosen PBM. Otherwise additional development fees may apply.
Case management and claims services coordination with insured medical carve out carriers, including transplant carve outs	No	Additional charge: \$0.35 PEPM
Customized communication materials	No	Additional fees would apply.
Custom member satisfaction survey	No	Pricing will vary depending on survey variance and methodology.
Bill life, short-term disability (STD), and long-term disability (LTD) premiums (if applicable)	No	Fee available upon request
Non-standard contracts that would include customized style sheets, foreign language translations, and engagement of UMR attorneys for negotiation of the agreements	No	Additional fees would apply

Plan Advisor - Standard Offering: Plan Advisor member advocacy service - a personal guide for all things health care - Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management. - Provides increased benefit design adherence, aggressive network steerage and referral to care management services - Offers interception and direction for any OON prior authorizations and level of benefit calls – in order to steer members into an in-network provider and to the most optimal place of service.	No	Additional charge: \$2.95 PEPM
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Plan Advisor + Provider (Designed for provider/hospital customers): Plan Advisor member advocacy and provider service - Designed for hospital customers with domestic network arrangements - Commits to a higher level of member service by providing a single entry point that engages, informs, educates, and connects benefits, claims, network, and care management. - Provides increased benefit design adherence, aggressive network steerage and referral to care management services - Offers interception and direction for any OON prior authorizations and level of benefit calls, including domestic network steerage – in order to steer members into an in-network provider and to the most optimal place of service. - Provider calls are handled within the same Plan Advisor team as member calls, rather than through the separate Provider Service Team	No	Additional charge: \$3.50 PEPM
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+ Care Connect	No	Additional charge: \$0.80 PEPM
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Proposed Optional Services

Adds another layer of member support by providing access to licensed clinicians, both registered nurses and social workers specifically designated to support plan advisor members who have clinical needs.

- Perform mini coaching sessions, answer and counsel on in-depth clinical questions, and refer members to community services or other providers.
- Includes both a registered nurse and social worker, cannot elect only one type of resource.

OON Surprise Bill ASO Opt-in State mandates allow self-funded plans to opt-in to their state specific surprise bill legislation.	No	Additional charge: \$0.30 PEPM for employees who reside in the state specific mandate of surprise bills for which the plan has opted in.
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Teladoc Health - Telemedicine/Expert Medical Services

Service	Fee Shown on Renewal	Comments/Fees
Telemedicine (Teladoc) services: <ul style="list-style-type: none"> · Access to Teladoc physician network · Telephonic and web-based video medical consultations delivered at one low flat fee (substantially less than an office visit) · Teladoc ID card · Portable electronic health record · Communications materials (pdf format) 	Yes	
Dermatology: <ul style="list-style-type: none"> · Available as a buy-up to standard Teladoc program · Provides Initial dermatology consultations through an online message center and one follow-up · Member uploads photographs · Delivered at one flat fee · Check for availability; not available in every state 	No	May be added at no additional charge.
Behavioral Health: <ul style="list-style-type: none"> · Available as a buy-up to standard Teladoc program · Provides ongoing access to behavioral health practitioners via phone or video conference · Members schedule appointments with psychiatrist or masters level therapists or psychotherapists · Visit cost dependent on the behavioral health practitioner's license 	No	Additional charge: \$0.30 PEPM
Teladoc Expert Medical Services <ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and expert second opinions · Ask the expert · Medical record eSummary · Behavioral health services · Communication support 	No	Additional charge: \$2.45 PEPM
Teladoc Bundled Services <ul style="list-style-type: none"> · Includes Teladoc general medicine, dermatology, behavioral health and expert medical services 	No	Additional charge: \$2.80 PEPM

Second Opinion Services

Service	Included in Fee Provided	Comments/Fees
2nd.MD Second Opinion Solution <ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text · Monthly utilization reporting · Communication materials 	No	Additional charge: \$2.27 PEPM
2nd.MD Second Opinion Solution (Case Rate) <ul style="list-style-type: none"> · Access to medical advice, education and information about treatment options and personalized second opinions, by video or phone or text · Monthly utilization reporting · Communication materials 	No	Additional charge: \$2136.00 invoiced by 2nd.MD. Implementation fee varies by size, 1 pre-paid consult per 2,500 members. Implementation fee applies to consult fees incurred in year 1.

Incentive Solutions

Proposed Optional Services

Service	Included in Fee Provided	Comments/Fees
<p>Incentive Solutions: Live Well Reward\$ - Level 1</p> <p>Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.</p>	No	<p>No additional charge.</p> <p>Customers must purchase the following in order to qualify for Level 1: UMR's Clinical Health Risk Assessment, Biometrics (any modality, including UMR Physician Lab Form), and Tobacco and Nicotine Cessation Coaching. Note: requests for biometric vendors are subject to review/ approval.</p> <p>Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.</p>
<p>Incentive Solutions: Live Well Reward\$ - Level 2</p> <p>Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.</p>	No	<p>Additional charge: \$1.05 PEPM.</p> <p>Customers must purchase the following in order to qualify for Level 2: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment) or UMR's Lifestyle Health & Wellness Coaching Program and/or UMR's Disease Management Coaching Program (all seven, or any number of stand-alone conditions), Biometrics (any modality, including UMR Physician Lab Form), and UMR's Clinical Health Risk Assessment. If UMR's Disease Management Coaching Program is selected, customers must also include one of the following coaching programs to address Tobacco Cessation Coaching: UMR's Comprehensive Coaching Program, UMR's Lifestyle Health & Wellness Coaching Program or UMR's Tobacco Cessation Coaching Program. Note: requests for biometric vendors are subject to review/ approval.</p> <p>Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.</p>
<p>Incentive Solutions: Live Well Reward\$ - Level 3</p> <p>Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.</p>	No	<p>Additional charge: \$1.20 PEPM.</p> <p>Customers must purchase the following in order to qualify for Level 3: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment) or UMR's Lifestyle Health & Wellness Coaching Program and/or UMR's Disease Management Coaching Program (all seven, or any number of stand-alone conditions), Biometrics (any modality, including UMR Physician Lab Form), and Enhanced myHealth Center – which includes Events, Challenges and Incentive Tracking. If UMR's Disease Management Coaching Program is selected, customers must also include one of the following coaching programs to address Tobacco Cessation Coaching: UMR's Comprehensive Coaching Program, UMR's Lifestyle Health & Wellness Coaching Program or UMR's Tobacco Cessation Coaching program. Note: requests for biometric vendors are subject to review/ approval.</p> <p>Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.</p>

Proposed Optional Services

Incentive Solutions: Live Well Reward\$ - Level 4	No	Additional charge: \$1.40 PEPM.
Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the program. Includes member communications and employer reporting.		Customers must purchase the following in order to qualify for Level 4: UMR's Comprehensive Coaching Program (includes Clinical Health Risk Assessment) Biometrics (any modality, including UMR Physician Lab Form), and Enhanced myHealth Center – which includes Events, Challenges and Incentive Tracking. Note: requests for biometric vendors are subject to review/ approval. Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits, or Reloadable Reward Cards.
Incentive Solutions: Live Well Reward\$ Solution	No	Additional charge: \$0.90 PEPM
Includes: Tracking, managing all qualifying activities and determining reward eligibility for members, per employer determined requirements. Employer must select from UMR's standard qualifying activity capabilities to be eligible for the Live Well Reward\$ Solution. Includes member communications and employer reporting.		Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits or Reloadable Reward Cards.
Incentive Solutions: Custom-Basic	No	No additional charge.
Includes: Tracking and managing qualifying activity and determining reward-eligibility for members, per the requirements of the program. If files are sent to UMR in order for UMR to fulfill rewards, must use standard file layout, or subject to additional fee.		Customers must elect one of the following reward types to pair with the Custom-Basic program: Prepaid Reward Cards - Single Use, Prepaid Reward Cards – Reloadable, Care Targeted Benefits, Health Incentive Account (HIA) Deposits, or Health Savings Account (HSA) Deposits.
Incentive Solutions: Custom-Advanced	No	Additional Charge: \$2,500.00 less than 10 hours \$5,000.00 10-25 hours \$10,000.00 26-50 hours \$15,000.00 51-75 hours * Ability to provide custom pricing if support goes above 75 hours of annualized work.
Includes: Tracking and managing all qualifying activities and determining reward-eligibility for members, per the requirements of the custom designed program.		
Incentive Solutions: Rewards - Health Savings Account (HSA) Deposits	No	Additional charge: \$0.45 PPPM. Must have QHDHP and Optum Bank as the financial institution. Employer-determined amount of dollars can be deposited into a member's Health Savings Account when held at Optum Bank. Fee includes up to 12 deposits per year, processed monthly.
Incentive Solutions: Rewards - Health Incentive Account (HIA) Deposits	No	Additional charge: \$1.05 PPPM. Employer-determined amount of dollars can be deposited into a member's Health Incentive Account. Fee includes the underlying/base HIA administration fee, as well as up to 12 deposits per year, processed monthly.
Incentive Solutions: Rewards - Prepaid Reward Card - Single Use	No	Additional charge: \$4.60 Per Card. Customers must purchase Custom-Basic or Custom-Advanced to elect this reward type.
Incentive Solutions: Rewards - Prepaid Reward Card - Reloadable	No	Additional charge: \$6.80 Per Card Per Year. Customers must purchase Live Well Reward\$ Levels 1-4, Custom-Basic, Custom-Advanced or Motion to elect this reward type.
Incentive Solutions: Rewards - Care Targeted Benefits	No	Additional charge: \$4.50 PPPM. Customers must purchase UMR's disease management program. Customer's must purchase Custom-Basic to elect this reward type.

Proposed Optional Services

Incentive Solutions: Rewards - Deductible Modification - Annual Fee	No	Additional charge: \$5,300 annual fee. Customers must purchase Custom-Basic or Custom-Advanced to elect this reward type.
Incentive Solutions: Rewards - Member Incentive Flyer Mailing	No	Additional charge: charge per flyer based on quantity ordered. Customers must purchase Custom-Basic or Custom-Advanced to elect this member communication piece.
Incentive Solutions: Personalized Member Incentive Scorecard	No	Additional charge: \$1.25 per flyer for medical participants; \$1.50 per flyer for non-medical participants
A Custom Incentive Solution customer can choose to have UMR send a colored mailing to their participants informing them about their status in the program.		
Incentive Solutions: Wellness Activity Center I01	No	Additional charge: \$0.60 PEPM.
Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration. <i>*Customer must have Care Management Disease Management or Tobacco Coaching Cessation Only.</i>		
Incentive Solutions: Wellness Activity Center I02	No	Additional charge: \$0.80 PEPM.
Customers are able to create an online portal environment through the Wellness Activity Center on umr.com to support member engagement, track member activity completion and support incentive administration.		
Incentive Solutions: Motion	No	Additional charge: \$2.76 per eligible member per month
Includes: Tracking and managing member activity and determining reward-eligibility for members, per the requirements of the Motion program. Includes member communications and employer reporting.		
Customers have the choice to buy-up the following reward options: Health Incentive Account (HIA) Deposits, Health Savings Account (HSA) Deposits or Prepaid Reloadable Reward Cards. (Must purchase Motion device cost.)		
Incentive Solutions: Motion Device Cost	No	Customers must offer the following to eligible members: \$55 registration credit, \$55 renewal credit (available every two years) and allow member's FIT earnings to be applied to device purchase.
Includes: Resources to help members offset the cost of a motion compatible activity tracking device. (Must purchase Motion.)		

Member Decision Support Tools Suite

Service	Included in Fee Provided	Comments/Fees
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Proposed Optional Services

CareSearch Reward\$ is a cost transparency based program that rewards members for making smart healthcare choices. After utilizing the cost transparency tool (Rally Connect) to select cost effective (green or grey) and high quality providers, members will be rewarded for choosing to utilize those selected providers.

No

Additional charge: \$1.45 PEPM

Customers must purchase Custom-Basic (no charge) or Custom-Advanced (pricing bands to choose from) to elect this reward type.

Examples of recommended Care Paths that are most utilized and highly shoppable: Colonoscopy, MRI, CT, others.

The base fee includes: Program strategy and management, network / market specific analysis, standard program materials (brochure, FAQ, flyers, posters and email campaigns), claims mining/analysis, and ROI reporting.

Add Ons: Custom program materials, stand alone CareSearch portal on UMR.com (if client does not have UM, CM, MM, LWR\$), reward fulfillment, printing costs and custom / adhoc reporting.

No

Additional charge: both basic and advanced versions are available for a PEPY fee.
Basic is \$4.95 PEPY
Advanced is \$7.05 PEPY plus a \$2,775 one-time implementation fee for census integration.

Benefit Plans Comparison Tool (BPCT) is a decision support tool that helps members select the right benefit plan for them. It is available during Open Enrolment or for new hires/changes throughout the year. The tool has a basic and advanced version. The advanced version pre-populates member census data, whereas basic doesn't. Both versions pre-load benefit plans into the tool. The fee includes implementation support, usage reporting, promotional marketing materials and a dedicated product specialist for ongoing support/demos/questions.

**Fees are calculated based on member count during implementation/go live of the tool and billed up front for the 12 month period.

Health Education Library in English and Spanish is available to members

UMR offers 2 Healthcare Cost Estimators - 1. Provider Search & Cost Transparency tool and 2. Treatment Cost Calculator, both available to members. The Provider Search & Cost Transparency tool is available to UnitedHealth Network members utilizing standard Choice+ and Options. If a group has any of the following: 1) a rental network 2) multi-tier network structure and/or 3) a custom UnitedHealth Network, then Treatment Cost Calculator (TCC) basic or advanced will be assigned.