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braska  
proposal



ORIGINAL

**Table of Contents**

		Page #
	<b>Table of Contents</b>	<b>1</b>
<b>Section 1</b>	<b>Cost Proposal</b>	
	A. Cost Proposal Worksheet	
	Tab 1 A: Medical Cost Instructions	<b>1</b>
	Tab 2 A: Medical ASO Fee's	<b>2-3</b>
	Tab 3A: Medical Run Out Fee's	<b>4</b>
	Tab 4A: Medical Repricing <i>(Please refer to the proprietary and confidential envelope)</i>	<b>5</b>
	Tab 5A: Provider Discounts <i>(Please refer to the proprietary and confidential envelope)</i>	<b>6</b>
	Tab 6A: Provider Discount Guarantee	<b>7</b>
	Tab 1B: Pharmacy Cost Instructions	<b>8</b>
	Tab 2B: Pharmacy Transparent	<b>9-16</b>
	Tab 3B: Pharmacy ASO Fee	<b>17</b>
	B. State of NE - 07-2020 Network Cost Guarantee Exhibit	<b>18</b>
	C. State of NE - RX Pass Through Exhibits_MAF Final	<b>19-24</b>
	D. State of NE Optional Wellness Fees Final	<b>25</b>



**Section 1**





**RFP NUMBER #6102 Z1  
COST PROPOSAL  
MEDICAL COST PROPOSAL INSTRUCTIONS**

**The State of Nebraska's Medical And Rx Administrator  
Medical Cost Proposal Instructions**

Detailed Claims and Eligibility data is provided for your assessment and analysis in preparing your response to this RFP. The claims files include service codes, diagnostic data, and other clinical detail. Monthly enrollments and paid claims data is included to provide historic paid claims levels.

Use the tabs in this spreadsheet for reference and specific instructions in providing proposed Administrative Fees and information regarding your book of business (discounts, membership, etc.) for the membership covered in the program.

Prices submitted on the cost proposal form shall remain fixed for the initial three (3) years of the contract. Any request for a price increase subsequent to the initial three (3) years of the contract shall not exceed three and a half percent (3.5 %) of the previous Contract period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase must be submitted in writing to the State Purchasing Bureau a minimum of six (6) months prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

Additionally, the State requires a "repriced claim" file as part of your submission.

Please return the detailed medical claim files with the following additional fields appended to the original file:

**Allowed Charge**  
**Discount Off Of Allowed**  
**Scheduled Payment Amount (if applicable)**  
**Included in capitated payments (if applicable)**  
**Any other reimbursement methodologies - provide sufficient detail to evaluate**  
**Network Provider Indicator**

**NOTE: If capitation exists in your network, provide enough detail to sufficiently evaluate the effect on the State's costs, including services, payments and provider types included. Include description as separate attachment with your response.**

**COST PROPOSAL  
MEDICAL ADMINISTRATIVE SERVICES ONLY (ASO) FEE SCHEDULE**

**The State of Nebraska's Medical And Rx Administrator - Medical Administration Fees**

**BIDDER NAME:** UnitedHealthcare

Bidder shall provide the Administrative Services Only (ASO) fees below for each of the three plan designs currently in place. The fees must be based on a "per employee per month" (PEPM) composite basis. Fees on any other basis, (i.e., as a percentage of claims, on a per claim basis or a combination) will NOT be considered. **The ASO Fees are to be guaranteed for the three (3) year contract period, July 1, 2020 thru June 30, 2023, with the option to renew for four (4) additional one (1) year periods as mutually agreed upon by all parties.** Any ancillary service relating to the administration of the health plan not specifically identified in bidder's proposal is assumed to be included in the ASO fee. **IF THE FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.**

SELF-FUNDED MEDICAL ADMINISTRATION COSTS	Initial Period			Optional Year One	Optional Year Two	Optional Year Three	Optional Year Four
	7/1/20 - 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23 - 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Estimated Number of Medical Plan Employees	12,845	12,845	12,845	12,845	12,845	12,845	12,845
Medical ASO Fees to include, but not limited to:							
<b>Plan ASO Fees</b>							
Network Access Fees							
Provider Network Fees							
Out of Network Access Fees							
Subrogation							
Claims Processing and Adjudication							
Internal / External Audits							
Dependent eligibility verification							
Coordination of Benefits							
<b>Customer Service</b>							
Benefit Booklet/SPD (initial and updates)							
Provider Directories							
ID Cards							
Postage/Envelope Costs							
Toll-free Member Services Line							
Interactive Website							
Electronic Eligibility Transmittal and Receipt of Updates and Monthly Reconciliation							
<b>Reporting</b>							
Standard Reporting - Monthly, Quarterly, Annual							
Ad-hoc Reporting							
Annual Accounting of Funds Received vs Claims Paid							
Subrogation							
<b>Start-Up</b>							
Annual Enrollment Session							
Enrollment Communications							
<b>Additional Programs</b>							
Behavioral Health							
Case Management							
Pre-Admission Certification							
Wellness Programming							
Utilization Review							
<b>Per Employee Per Month ASO Fees</b>	\$ 31.91	\$ 31.91	\$ 31.91	\$ 32.19	\$ 32.47	\$ 32.76	\$ 33.02
<b>Total Monthly ASO Fees</b>	\$ 409,883.95	\$ 409,883.95	\$ 409,883.95	\$ 413,480.55	\$ 417,077.15	\$ 420,802.20	\$ 424,141.90
<b>Total Annual ASO Fees</b>	\$ 4,918,607.40	\$ 4,918,607.40	\$ 4,918,607.40	\$ 4,961,766.60	\$ 5,004,925.80	\$ 5,049,626.40	\$ 5,089,702.80
<b>Guarantees &amp; Credits</b>	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Enrollment Change Tolerance (+/- XX%)	10%	10%	10%	10%	10%	10%	10%
Implementation Credit (\$)	\$ -						
Annual Communications/Wellness Credit (\$)	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00	\$ 100,000.00

Note:



**COST PROPOSAL**  
**MEDICAL ADMINISTRATIVE SERVICES ONLY (ASO) FEE SCHEDULE**

The Basic Fee is a per employee per month (PEPM) fee for all services and deliverables required under the terms of this Contract and which are not specifically and separately identified elsewhere in the table. Such services include but are not limited to claims administration, network access fees, underwriting, standard report production and delivery, claims data extracts, member communication materials, claims fiduciary liability, administration of post-contract run out claims, routine and non-routine production and delivery of ID cards, large case management, etc. Note from UnitedHealthcare: Medical ASO Admin Fee includes 12 months of run out administrative services. As such, we have noted \$0.00 PEPM on exhibit 3A - ASO Runout Fees.

**RFP NUMBER 6102 Z1  
COST PROPOSAL  
ADMINISTRATIVE SERVICES ONLY (ASO) RUNOUT FEE SCHEDULE**

**The State of Nebraska's Medical And Rx Administrator  
Medical Administration Runout Fee Schedule**

**BIDDER NAME: UnitedHealthcare**

Provide the Administrative Services Only (ASO) runout fees below for each of the plan designs currently in place. The fees must be based on a "per employee per month" (PEPM) composite basis. Fees on any other basis, i.e., as a percentage of claims, on a per claim basis or a combination will not be considered. The ASO runout fees are to be based on a runout period of 6 months. **IF YOUR FEE STRUCTURE IS DIFFERENT BY PLAN, COMPLETE THIS SCHEDULE FOR EACH PLAN AND LABEL EACH SCHEDULE ACCORDINGLY.**

PER EMPLOYEE PER MONTH (PEPM) (Composite)	RUNOUT YEAR 1	RUNOUT YEAR 2	RUNOUT YEAR 3
Medical ASO Fees to include, but not limited to:			
<b>Plan Administration Fees</b>			
Provider Network Fees			
Out of Network Access Fees			
Subrogation			
Claims Processing and Adjudication			
Internal / External Audits			
Coordination of Benefits			
<b>Customer Service</b>			
Benefit Booklet/SPD (initial and updates)			
Provider Directories			
ID Cards			
Postage / Envelopes			
<b>Additional Programs</b>			
Behavioral Health			
Case Management			
Pre-Admission Certification			
Utilization Review			
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00

Other:

	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**RFP NUMBER #6102 Z1  
COST PROPOSAL  
CLAIMS REPRICING**

**Medical Claims Repricing**

**BIDDER NAME: UnitedHealthcare**

Reprice claims from the file provided by Segal. The repricing must be based on the submitted/billed charges provided in the file, and 2019 network provider contractual fee arrangements. The claims repricing amounts must be based on actual data and should not include any assumptions regarding projected discounts or expected increases in billed charges.

In the grid, below, provide the sum of all repriced claims by in-network and out-of-network based on the submitted/billed charges.

**If proposing multiple networks, complete the Claims Repricing Analysis exhibit separately for each network.** Bidder must also include an explanation summarizing how the claims were repriced, noting any and all assumptions made.

Repricing of Medical Claims Data		
	PPO or POS Network	
	Billed Amount *	Repriced Amount **
IN-NETWORK		
OUT-OF-NETWORK		
Grand Total From Data File		
Grand Total Repriced	Proprietary Information please see proprietary and confidential envelope for results.	

\*Billed Amount reflects Submitted/Billed Charges as shown on the Claims Repricing data file.

\*\*Repriced Amount reflects charges based on application of your 2019 provider-specific discounts.

**RFP NUMBER #010221  
COST PROPOSAL  
PROVIDER DISCOUNTS**

**The State of Nebraska's Medical And Rx Administrator  
Provider Discounts**

**BIDDER NAME: UnitedHealthcare**

Provide the average discounts off Eligible Charges for Physician and Hospital Inpatient and Outpatient for the following locations commensurate with the repricing file provided in 4A - Medical Repricing.

3 Digit Zip Code	Average Discount off Eligible Charges		
	<u>Inpatient Hospital</u>	<u>Outpatient Hospital</u>	<u>Physician</u>
693	Proprietary Information please see Proprietary & Confidential envelope for results.		
692			
691			
690			
689			
688			
687			
686			
685			
684			
683			
681			
680			
3 Digit Zip Code	Average Discount off Eligible Charges		
	<u>Inpatient Hospital</u>	<u>Outpatient Hospital</u>	<u>Physician</u>
515			
511			

**Note: Provide separate table for each proposed network, PPO or POS.**

**RFP NUMBER #6102 Z1  
COST PROPOSAL  
GUARANTEE OF PROVIDER DISCOUNTS**

**The State of Nebraska's Medical And Rx Administrator  
Network Provider Discount Guarantee**

**BIDDER NAME: UnitedHealthcare**

The State of Nebraska (the State) seeks the most favorable discounts from providers in the proposed provider network. It is also a requirement of the State, upon completion of each plan year, to have the selected network provide an analysis of actual discounted savings, which were realized over the course of the plan year, and use this analysis to compare the results to the expected discounts. The State shall receive fixed discounts throughout the initial contract period in addition to the optional periods. If further discounts are achieved, those discounts shall be passed on to the State. Discounts less than the fixed discounts in the initial contract shall not be allowed

1. Indicate the level of discounts that will be guaranteed from year to year over the contract term. For example, if inpatient facility discounts are 40% for 7/1/20 - 6/30/21 and it is guaranteed they will increase to 41% in 7/1/21 - 6/30/22, enter "40%" in the cell in the inpatient facility row under the 7/1/20 - 6/30/21 column and "41%" under the 7/1/21 - 6/30/22 column.

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Guaranteed Overall Inpatient Facility Discounts	35.1%	35.8%	36.4%	TBD	TBD	TBD	TBD
Guaranteed Overall Outpatient Facility Discounts	40.4%	40.9%	41.2%	TBD	TBD	TBD	TBD
Guaranteed Overall Professional Discounts	44.0%	44.3%	44.6%	TBD	TBD	TBD	TBD

2. Using the table below, for the network being proposed, indicate the portion of Administrative fees (as a percentage) to be paid back to the State if the discount guarantees listed above are not achieved. The schedule must provide a percentage of ASO fees at risk for not achieving guaranteed discount levels.

Service Category	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	Optional Year 7/1/23- 6/30/24	Optional Year 7/1/24- 6/30/25	Optional Year 7/1/25- 6/30/26	Optional Year 7/1/26- 6/30/27
Percentage of Administrative Fees at Risk for Inpatient Facility Discount Guarantees*	20.0%	20.0%	20.0%	TBD	TBD	TBD	TBD
Percentage of Administrative Fees at Risk for Outpatient Facility Discount Guarantees*	20.0%	20.0%	20.0%	TBD	TBD	TBD	TBD
Percentage of Administrative Fees at Risk for Professional Discount Guarantees*	20.0%	20.0%	20.0%	TBD	TBD	TBD	TBD

\* paid during the respective plan year

**Total Annual fees at risk for not achieving guaranteed discount levels is equal to 60%**



**RFP NUMBER #6102 Z1  
COST PROPOSAL  
PHARMACY COST WORKSHEET INSTRUCTIONS**

**The State of Nebraska Rx Administrator  
Pharmacy Cost Proposal Instructions**

Pricing must be on a pass-through basis such that the amount billed to the State for retail claims is equal to the amount reimbursed to retail pharmacies and with 100% of all rebate revenue being passed through to the State

Pricing shall be based on your Broadest Network.

AWP must be sourced from Medi-Span unless another national provider source is explicitly stated in the cost proposal

All generic drugs, including single-source and brand drugs that function as "house generics" must be classified as generic drugs for pricing purposes

Bidders are required to complete all financial exhibits as instructed. All administrative fees are required on a per-employee-per-month basis.

All services covered under the fee should be listed

The State shall receive fixed discounts throughout the initial contract period in addition to the optional periods. If further discounts are achieved, those discounts shall be passed on to the State. Discounts less than the fixed discounts in the initial contract shall not be allowed.

**COST FOSAL  
PRICING TRANSPARENT**

**The State of Nebraska Rx A  
Rx Pricing, Transparent (Bro:**

**BIDDER NAME** UnitedHealthcare/OptumRx

**Instructions:** Complete every cell on this worksheet. For retail, propose pricing for broadest retail network. **Pricing offer must be on a post-AWP rollback**  
**complete list of specialty drugs, their therapeutic c**

		<b>RETAIL Broadest Netwo</b>		
Number of Pharmacies Nationwide		<b>Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmar</b>		
		7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23
<b>Minimum AWP Discount Guarantees</b>				
Brand Drugs		18.50%	18.60%	18.70%
Generic Drugs (must include all single-source and "house" generics.)		84.00%	84.20%	84.20%
<b>Maximum Dispensing Fee per Paid Claim</b>				
All Claims		\$0.52	\$0.47	\$0.42
<b>Compounds</b>				
Ingredient cost adjudication formula		100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee

**COST PROPOSAL  
PRICING TRANSPARENT**

**RETAIL 90 Network  
Broadest Network**

Number of Pharmacies Nationwide			
<b>Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacist</b>			
	<b>7/1/20- 6/30/21</b>	<b>7/1/21- 6/30/22</b>	<b>7/1/22- 6/30/23</b>
<b>Minimum AWP Discount Guarantees</b>			
Brand Drugs	22.40%	22.60%	22.70%
Generic Drugs (must include all single-source and "house" generics.)	84.00%	84.20%	84.20%
<b>Maximum Dispensing Fee per Paid Claim</b>			
All Claims	\$0.00	\$0.00	\$0.00
<b>Compounds</b>			
Ingredient cost adjudication formula	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee
<b>MAIL ORDER (EXCLUDING</b>			
<b>Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacist</b>			
	<b>7/1/20- 6/30/21</b>	<b>7/1/21- 6/30/22</b>	<b>7/1/22- 6/30/23</b>
<b>Minimum AWP Discount Guarantees</b>			
Brand Drugs	24.00%	24.00%	24.00%
Generic Drugs (must include all single-source and "house" generics.)	85.00%	85.20%	85.20%
<b>Maximum Dispensing Fee per Paid Claim</b>			
All Claims	\$0.00	\$0.00	\$0.00
<b>Compounds</b>			
Ingredient cost adjudication formula	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee



**COST FORMULA  
PRICING TRANSPARENT**

<b>SPECIALTY DRUGS (AT SPECIALTY)</b>			
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy or net cost			
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23
<b>Minimum Brand AWP Discount Guarantee</b>			
All Brands	20.00%	20.00%	20.00%
All Biosimilars	20.00%	20.00%	20.00%
All Generics	20.00%	20.00%	20.00%
<b>Maximum Dispensing Fee per Paid Claim</b>			
All Claims	\$0.00	\$0.00	\$0.00
<b>SPECIALTY DRUGS (AT RETAIL)</b>			
Bidder must use ingredient Cost Adjudication Formula: Lowest of pharmacy or net cost			
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23
<b>Minimum Brand AWP Discount Guarantee</b>			
All Brands	18.50%	18.60%	18.70%
All Biosimilars	18.50%	18.60%	18.70%
All Generics	84.00%	84.20%	84.20%
<b>Maximum Dispensing Fee per Paid Claim</b>			
All Claims	\$0.52	\$0.47	\$0.42
<b>CREDITS</b>			
Implementation Allowance	\$	-	
Annual Audit Allowance	\$	-	
Annual Program Allowance	\$	50,000.00	

**COST PROPOSAL  
PRICING TRANSPARENT**

Minimum rebates should be quoted on a per brand claim basis	GUA		
	7/1/20- 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23
Percent Rebate Share All Claims	100%	100%	100%
Retail Brand	\$162.00	\$172.00	\$189.00
Retail 90 Brand	\$377.00	\$400.00	\$431.00
Mail Order Brand	\$432.00	\$460.00	\$473.00
Specialty Brand (Specialty Pharmacy)	\$2,152.00	\$2,373.00	\$2,414.00
Specialty Brand (Retail Pharmacy)	\$2,152.00	\$2,373.00	\$2,414.00
Specialty Biosimilar (Specialty Pharmacy)	\$2,152.00	\$2,373.00	\$2,414.00
Specialty Biosimilar (Retail Pharmacy)	\$2,152.00	\$2,373.00	\$2,414.00

**Total ASO Fee Alternate Billing Offerings:**

Alternative #1 Rebates will be credit through the billing system for (\$6.25) PEPM Years 1-3, (\$5.36) PEPM Year 4, (\$5.36) PEPM Year 5, (\$5.36) PEPM Year 6, as listed above. Rebates will be trued up annually to the 100% Per Brand Rebate guarantees.

Alternative #2 Rebates will be credit through the billing system for (\$33.59) PEPM Years 1-3, (\$33.88) PEPM Year 4, (\$34.18) PEPM Year 5, (\$34.48) PEPM Year 6, as listed above. Rebates will be trued up annually to the 100% Per Brand Rebate guarantees.

A reconciliation of the total (rebate credit through bill system and quarterly rebates) will be trued up annually to the 100% Per Brand Rebate Guarantees



COST FORMAL  
PRICING TRANSPARENT

Administrator  
(United Network)

basis. Provide cost based on the current plan design. In addition to the aggregate discount guarantees indicated below submit a category and discount from AWP.

Market			
Company's U&C price, MAC (where applicable), or discounted AWP			
7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
18.90%	18.90%	18.90%	18.90%
84.20%	84.20%	84.20%	84.20%
\$0.37	\$0.34	\$0.34	\$0.34
100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee

**COST PROPOSAL  
PRICING TRANSPARENT**

ork  
rk

cy's U&C price, MAC (where applicable), or discounted AWP

7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
22.80%	22.90%	22.90%	22.90%
84.20%	84.20%	84.20%	84.20%
\$0.00	\$0.00	\$0.00	\$0.00
100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee

**SPECIALTY)**

of MAC (where applicable) or discounted AWP

7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
24.00%	24.00%	24.00%	24.00%
85.20%	85.20%	85.20%	85.20%
\$0.00	\$0.00	\$0.00	\$0.00
100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee	100% Pass-through + \$10.00 dispensing fee



**COST PLUS ANNUAL  
PRICING TRANSPARENT**

**PHARMACY) \***

Company's U&C price, MAC (where applicable), or discounted AWP

7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
20.00%	20.00%	20.00%	20.00%
20.00%	20.00%	20.00%	20.00%
20.00%	20.00%	20.00%	20.00%
\$0.00	\$0.00	\$0.00	\$0.00

**PHARMACIES) \***

Company's U&C price, MAC (where applicable), or discounted AWP

7/1/23- 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
18.90%	18.90%	18.90%	18.90%
18.90%	18.90%	18.90%	18.90%
84.20%	84.20%	84.20%	84.20%
\$0.37	\$0.34	\$0.34	\$0.34

**COST PROPOSAL  
PRICING TRANSPARENT**

<b>GUARANTEED REBATES</b>			
<b>7/1/23- 6/30/24</b>	<b>7/1/24- 6/30/25</b>	<b>7/1/25- 6/30/26</b>	<b>7/1/26- 6/30/27</b>
100%	100%	100%	100%
\$195.00	\$203.00	\$203.00	\$203.00
\$450.00	\$468.00	\$468.00	\$468.00
\$491.00	\$520.00	\$520.00	\$520.00
\$2,454.00	\$2,570.00	\$2,570.00	\$2,570.00
\$2,454.00	\$2,570.00	\$2,570.00	\$2,570.00
\$2,454.00	\$2,570.00	\$2,570.00	\$2,570.00
\$2,454.00	\$2,570.00	\$2,570.00	\$2,570.00

and (\$5.36) PEPM Year 7. Additionally rebates will be paid quarterly

ir 6, and (\$34.76) PEPM Year 7. Additionally rebates will be paid

**RFP NUM . #6102 Z1  
COST PROPOSAL  
PHARMACY ASO FEES**

The State of Nebraska Rx Administrator  
Required Pharmacy Administrative Services Only (ASO) Fees

Bidder Name: UnitedHealthcare / OptumRx

Pharmacy ASO Fees to include, but not limited to:	Initial Period			Optional Year One	Optional Year Two	Optional Year Three	Optional Year Four
	7/1/20 - 6/30/21	7/1/21- 6/30/22	7/1/22- 6/30/23	7/1/23 - 6/30/24	7/1/24- 6/30/25	7/1/25- 6/30/26	7/1/26- 6/30/27
Toll Free Phone Lines							
Monthly Data Feeds to State/Designee(s)							
Prospective /Concurrent DUR							
Standard Reports							
Ad Hoc Reports							
COB Program							
Annual EOB Statements							
Retro Termination Letters							
Drug Notification Letters							
Formulary and Rebate Administration							
Enrollment Packet Mailing							
ID Card Production and Distribution							
Manual Claim Processing							
1st Level Appeals							
2nd Level Appeals							
Urgent Appeals							
E-Prescribing							
Vaccine Services							
Audit Recoveries							
Retro DUR							
Prior Authorization							
Quantity Level Limits							
Dose Optimization							
Medication Management							
<b>Per Employee per Month ASO Fees</b>							
Total Monthly ASO Fees	\$21,580	\$21,580	\$21,580	\$21,708	\$21,965	\$22,093	\$22,350
Total Annual ASO Fees	\$258,955	\$258,955	\$258,955	\$260,497	\$263,580	\$265,116	\$268,200
List All Other clinical programs or services and associated fees (if any):							







**State of Nebraska**

**UnitedHealthcare - Net Cost Guarantee Alternate to Discount Guarantees**

Effective for Policy Year Beginning: July 1, 2020

UHC ASO Billable Admin Fee	\$33.59	\$5,175,000	Annual ASO Base Fees
Percent of Fees @ Risk	60%	\$3,107,000	Annual Fees @ Risk
Fees @ Risk	\$20.15	12,845	Number of Employees
Target Claim Factor	\$1,205.97		

Risk Free Corridor	Claim PMPM		Amount at Risk	
	up to	\$1,242.16	\$0	} UHC pays the customer
	up to	\$1,316.69	\$1,035,874	
	up to	\$1,395.89	\$2,071,437	
	up to	\$1,478.75	\$3,107,000	

**Assumptions and Caveats:**

- Guarantee Target Claim Factor is effective for the quoted plan year  
This guarantee is renewable for Policy Years: July 1, 2021 and July 1, 2022
- Illustration assumes the following services/programs will be included in the employee benefit plan:  
Clinical/RX Integration: Improvement in Pharmacy Guarantee and PHS 3.0 - High
- The number of covered employees assumed in this proposal is listed below by plan offering:
 

Quoted Choice and Choice Plus Plans	Assumed Monthly Covered Enrollees	Claim Target Factors PMPM
CH+/HSA	12,845	\$1,205.97
<b>COMPOSITE</b>	<b>12,845</b>	<b>\$1,205.97</b>
- Reconciliation will be based actual covered lives by plan during the plan year and the claim target factors by plan listed above
- Reconciliation will be based actual claims INCURRED from July 1, 2020 to June 30, 2021 and PAID from July 1, 2020 to September 30, 2021
- Reconciliation will be performed within 180 days but no earlier than 120 days after the close of the plan year
- Actual claims include all Medical claims and Pharmacy claims if applicable, except for the following:
  - Benefits for services incurred prior to the effective date of the policy
  - Losses in excess of \$200,000 per covered individual
  - Losses in excess of usual and customary for out of network claims
  - Losses associated with benefits not covered by the underlying employee benefit plan, but paid by the employee benefit plan
- Maximum guarantee payout is \$3,107,000
- Assumes UnitedHealthcare is the only carrier offered
- United Healthcare reserves the right to adjust the projected target claim factor or rescind this guarantee under any of the following circumstances:
  - Enrollment in total or by plan varies +/- 10% or more from the assumptions listed in this proposal
  - Changes in federal, state or other applicable legislation or regulation require changes to this proposal
  - Changes to any of the included services/programs listed in item 2 above
  - Any changes made to the plan of benefits offered covered by this guarantee
- Guarantee is provided in lieu of any Network Discount Guarantees previously quoted





State of Nebraska

UnitedHealthcare Pharmacy Financials

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees) and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, (hereinafter referred to as "Fees") payable by Customer under this Agreement will be adjusted through a credit to Customer's Service Fees in accordance with the arrangements set forth below unless otherwise noted

Unless otherwise specified, these arrangements apply to pharmacy benefits and are effective for the period beginning 07/01/2020 and ending on 06/30/2027 (each twelve month period is a "Guarantee Period") With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies

The arrangements will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date the Agreement is signed by both parties In the event these arrangements become effective later than the effective date of the Guarantee Period the arrangements will commence with the Agreement Period during which the Agreement is signed by both parties

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United's failure

is due to Customer's actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, act of God, acts of terrorism or United's required compliance with any law, regulation, or governmental agency mandate or anything beyond United's reasonable control

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new arrangements for the subsequent Guarantee Period If United specifies new arrangements, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period

Pharmacy Financials					
Definition	Pharmacy rate guarantees				
Measurement and Criteria	07/01/2020	7/1/2021	7/1/2022	7/1/2023	7/1/2024 to 6/30/27
	<b>Component Discount Guarantee</b>				
Retail Brand, Average Wholesale Price (AWP) less	18.5%	18.6%	18.7%	18.9%	18.9%
Retail Brand -- 90 Day Supply, AWP less	22.4%	22.6%	22.7%	22.8%	22.9%
Retail Generic - 30 and 90 Day Supply, AWP less	84.0%	84.2%	84.2%	84.2%	84.2%
Mail Order Brand, AWP less	24.0%	24.0%	24.0%	24.0%	24.0%
Mail Order Generic, AWP less	85.0%	85.2%	85.2%	85.2%	85.2%
The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component					
<b>Dispensing Fee Guarantee</b>					
Retail Brand - 30 Day	\$0.52	\$0.47	\$0.42	\$0.37	\$0.34
Retail Brand -- 90 Day Supply	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retail Generic - 30 Day	\$0.52	\$0.47	\$0.42	\$0.37	\$0.34
Retail Generic -- 90 Day Supply	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type					
<b>Minimum Rebate Guarantee (Advantage PDL)</b>					
Rebate Sharing Percentage	100.0%	100.0%	100.0%	100.0%	100.0%
Basis, per script	Brand	Brand	Brand	Brand	Brand
Retail - 30 Day	\$182.00	\$172.00	\$189.00	\$195.00	\$203.00
Retail - 90 Day Supply	\$377.00	\$400.00	\$431.00	\$450.00	\$468.00
Mail Order	\$432.00	\$460.00	\$473.00	\$491.00	\$520.00
Specialty	\$2,152.00	\$2,373.00	\$2,414.00	\$2,454.00	\$2,570.00
<b>Fees</b>					
Pharmacy Administration Fee (PEPM)	\$1.68	\$1.68	\$1.68	\$1.69	7/1/24 \$1.71, 7/1/25 \$1.72, 7/1/26 \$1.74
Level	Customer Specific				
Period	Annually				
Payment Period	Annually				
Payment Amount - Discounts	The amount the actual discounts are less than the guaranteed discount amount for each individual component				
Payment Amount - Dispensing Fees	The amount the combined actual dispensing fee exceeds the combined guaranteed dispensing fee				
Payment Amount - Rebates	The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount				

State of Nebraska

UnitedHealthcare Pharmacy Financials

Conditions

**Discount Specific Conditions**

- Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component
- Does not apply to items covered under the Plan for which no AWP measure exists
- Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP
- Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP
- The arrangement excludes generic medications launched as an 'at-risk' product, generic medication with pending litigation, compound drugs, retail out of network claims, mail order drugs (for dispensing fee arrangement) and non-drug items
- The Arrangement excludes usual & customary claims
- The Arrangement includes vaccines, long term care facility claims, veterans' affairs facility claims, over-the-counter claims
- The 90 day supply Retail guarantee includes drugs dispensed for 84 days or greater
- When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees
- Specialty drugs dispensed out-of-network are included in the retail guarantees. Specialty drugs dispensed in-network are excluded from the Retail and Mail guarantees
- Drugs in the following Specialty therapeutic categories are included in the retail guarantees: Hepatitis B, HIV, and Transplant

**Rebate Specific Conditions**

- Assumes implementation of United's Advantage PDL
- United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:
  - if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level
  - in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
  - if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
  - if Customer changes or does not elect an Incented plan design
- United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type
- Rebate Administrative Fee: United maintains systems and processes necessary for managing and administering Rebate programs. As consideration for these efforts, pharmaceutical manufacturers pay United administrative fees in addition to Rebates. Rebate Administration fees are included in the guaranteed rebate arrangement
- Drugs in the following Specialty therapeutic categories are included in the retail per-Brand guarantees: Hepatitis B, HIV, and Transplant

**General Conditions**

- On mail order and specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service
- A minimum of 11,831 Employees and 24,797 Participants enrolled in the pharmacy plan is required
- The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser of the discounted price, the usual and customary charge or the cost share amount
- All pricing guarantees require the selection of United as the exclusive mail provider
- United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our initial quote; f) if Customer changes their mail service benefit



State of Nebraska

UnitedHealthcare Pharmacy Financials

Specialty Pharmacy Discount Guarantees

Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's Specialty Pharmacy Network.
Measurement	A composite of 20.0% for drugs dispensed through UHC's Specialty Pharmacy. This guarantee is effective 07/01/2020 through 06/30/2027. See chart below for a list of Specialty Drugs.
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of specialty drugs through Our specialty Pharmacy Network will be multiplied against the discount target of 20.0% to determine the overall discount target dollars. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.
Level	Customer Specific
Period	Annual
Payment Period	Annual
Payment Amount	The amount the combined actual specialty drug discounts are less than the 20.0% composite discount drug target.
Conditions	<ul style="list-style-type: none"> <li>Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP.</li> <li>Specialty drugs dispensed outside United's Specialty Pharmacy Network, drugs for which no AWP measure exists and non-drug items are excluded.</li> <li>United reserves the right to revise or revoke this guarantee if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; c) Customer makes benefit changes that impact the guarantee; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) if actual specialty utilization is not substantially similar to that in the experience period data on which our quote is based.</li> <li>On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.</li> </ul>

Specialty Drug Category	Drug Name	Included/Excluded From Escalation	Specialty Drug Category	Drug Name	Included/Excluded From Escalation
ANEMIA	ARANESP	Included	INFLAMMATORY CONDITIONS	ACTEMRA	Included
ANEMIA	EPOGEN	Included	INFLAMMATORY CONDITIONS	CIMZIA	Included
ANEMIA	PROCRIT	Included	INFLAMMATORY CONDITIONS	COSENTYX	Included
ANEMIA	RETACRIT	Included	INFLAMMATORY CONDITIONS	DUPIXENT	Included
ANTICONVULSANTS	EPIDIOLEX	Included	INFLAMMATORY CONDITIONS	EMFLAZA	Included
ANTHYPERLIPIDEMIC	JUXTAPID	Included	INFLAMMATORY CONDITIONS	ENBREL	Included
ANTHYPERLIPIDEMIC	PRALUENT	Included	INFLAMMATORY CONDITIONS	HUMIRA	Included
ANTHYPERLIPIDEMIC	REPATHA	Included	INFLAMMATORY CONDITIONS	ILUMIYA	Included
ANTI-INFECTION	ARIKAYCE	Included	INFLAMMATORY CONDITIONS	KEVZARA	Included
ANTI-INFECTION	DARAPRIM	Included	INFLAMMATORY CONDITIONS	KINERET	Included
CARDIOVASCULAR	NORTHERA	Included	INFLAMMATORY CONDITIONS	OLUMIANT	Included
CNS AGENTS	AUSTEDO	Included	INFLAMMATORY CONDITIONS	ORENCIA	Included
CNS AGENTS	HETLIOZ	Included	INFLAMMATORY CONDITIONS	OTEZLA	Included
CNS AGENTS	INGREZZA	Included	INFLAMMATORY CONDITIONS	RIDAUARA	Included
CNS AGENTS	RILUTEK	Included	INFLAMMATORY CONDITIONS	SILIG	Included
CNS AGENTS	RILUZOLE	Included	INFLAMMATORY CONDITIONS	SIMPONI	Included
CNS AGENTS	SABRIL	Included	INFLAMMATORY CONDITIONS	STELARA	Included
CNS AGENTS	TETRABENAZINE	Included	INFLAMMATORY CONDITIONS	TALTZ	Included
CNS AGENTS	TIGLUTIK	Included	INFLAMMATORY CONDITIONS	TREMFYA	Included
CNS AGENTS	VIGABATRIN	Included	INFLAMMATORY CONDITIONS	XELJANZ	Included
CNS AGENTS	VIGADRONE	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	Included
CNS AGENTS	XEMAZINE	Included	IRON OVERLOAD	EXJADE	Included
CNS AGENTS	XYREM	Included	IRON OVERLOAD	FERRIPROX	Included
CYSTIC FIBROSIS	BETHKIS	Included	IRON OVERLOAD	JADENU	Included
CYSTIC FIBROSIS	CAYSTON	Included	LIVER DISEASE	OCALIVA	Included

CYSTIC FIBROSIS	KALYDECO	Included	MONOCLONAL ANTIBODY	BENLYSTA	Included
CYSTIC FIBROSIS	KITABIS PAK	Included	MISCELLANEOUS	AMPYRA	Included
CYSTIC FIBROSIS	ORKAMBI	Included	MULTIPLE SCLEROSIS	AVBAGIO	Included
CYSTIC FIBROSIS	PULMOZYME	Included	MULTIPLE SCLEROSIS	AVONEX	Included
CYSTIC FIBROSIS	SYMDEKO	Included	MULTIPLE SCLEROSIS	BETASERON	Included
CYSTIC FIBROSIS	TOBI	Included	MULTIPLE SCLEROSIS	COPAXONE	Included
CYSTIC FIBROSIS	TOBI PODHALER	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	Included
CYSTIC FIBROSIS	TOBRAMYCIN	Included	MULTIPLE SCLEROSIS	EXTAVIA	Included
ENDOCRINE	BUPHENYL	Included	MULTIPLE SCLEROSIS	GILENYA	Included
ENDOCRINE	CARBAGLU	Included	MULTIPLE SCLEROSIS	GLATIRAMER	Included
ENDOCRINE	CENODAL	Included	MULTIPLE SCLEROSIS	GLATOPA	Included
ENDOCRINE	CUPRIMINE	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Included
ENDOCRINE	CYSTDANE	Included	MULTIPLE SCLEROSIS	REBIF	Included
ENDOCRINE	CYSTARAN	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	Included
ENDOCRINE	DEPEN TITRATABS	Included	MULTIPLE SCLEROSIS	TECFIDERA	Included
ENDOCRINE	EGRIFTA	Included	MULTIPLE SCLEROSIS	ZINBRYTA	Included
ENDOCRINE	FIRMAGON	Included	NEUTROPENIA	FULPHILA	Included
ENDOCRINE	GATTEX	Included	NEUTROPENIA	GRANIX	Included
ENDOCRINE	H P ACTHAR	Included	NEUTROPENIA	LEUKINE	Included
ENDOCRINE	JYNARQUE	Included	NEUTROPENIA	NEULASTA	Included
ENDOCRINE	KEYEYIS	Included	NEUTROPENIA	NEUPOGEN	Included
ENDOCRINE	KORLYM	Included	NEUTROPENIA	NIVESTYM	Included
ENDOCRINE	KUVAN	Included	NEUTROPENIA	UDENYCA	Included
ENDOCRINE	MYALEPT	Included	NEUTROPENIA	ZARXIO	Included
ENDOCRINE	NATPARA	Included	ONCOLOGY - INJECTABLE	INTRON A	Included
ENDOCRINE	NITYR	Included	ONCOLOGY - INJECTABLE	SYLATRON	Included
ENDOCRINE	OCTREOTIDE ACETATE	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Included
ENDOCRINE	PROCYSBI	Included	ONCOLOGY - ORAL	ABIRATERONE	Included
ENDOCRINE	RAVICTI	Included	ONCOLOGY - ORAL	AFINITOR	Included
ENDOCRINE	SAMSCA	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	Included
ENDOCRINE	SANDOSTATIN	Included	ONCOLOGY - ORAL	ALECENSA	Included
ENDOCRINE	SIGNIFOR	Included	ONCOLOGY - ORAL	ALKERAN	Included
ENDOCRINE	SODIUM PHENYL BUTYRATE	Included	ONCOLOGY - ORAL	ALUNBRIG	Included
ENDOCRINE	SOMATULINE DEPOT	Included	ONCOLOGY - ORAL	BEXAROTENE	Included
ENDOCRINE	SOMAVERT	Included	ONCOLOGY - ORAL	BOSULIF	Included
ENDOCRINE	SYPRINE	Included	ONCOLOGY - ORAL	BRAFTOVI	Included
ENDOCRINE	THIOLA	Included	ONCOLOGY - ORAL	CABOMETYX	Included
ENDOCRINE	TRIENTINE	Included	ONCOLOGY - ORAL	CALQUENCE	Included
ENDOCRINE	KERMELO	Included	ONCOLOGY - ORAL	CAPECITABINE	Included
ENDOCRINE	KURIDEN	Included	ONCOLOGY - ORAL	CAPRELSA	Included

ENZ YME DEFICIENCY	CHOLBAM	Included	ONCOLOGY - ORAL	COMETRIQ	Included
ENZ YME DEFICIENCY	CYSTAGON	Included	ONCOLOGY - ORAL	COPIKTRA	Included
ENZ YME DEFICIENCY	GALAFOLD	Included	ONCOLOGY - ORAL	COTELLIC	Included
ENZ YME DEFICIENCY	MIGLISTAT	Included	ONCOLOGY - ORAL	DAURISMO	Included
ENZ YME DEFICIENCY	ORFADIN	Included	ONCOLOGY - ORAL	ERIVEDGE	Included
ENZ YME DEFICIENCY	PALYNZIQ	Included	ONCOLOGY - ORAL	ERLEADA	Included
ENZ YME DEFICIENCY	STRENSIQ	Included	ONCOLOGY - ORAL	FARYDAK	Included
ENZ YME DEFICIENCY	SUCRAID	Included	ONCOLOGY - ORAL	GILOTRIF	Included
ENZ YME DEFICIENCY	TEGSEDI	Included	ONCOLOGY - ORAL	GLEEVEC	Included
ENZ YME DEFICIENCY	ZAVESCA	Included	ONCOLOGY - ORAL	HYCAMTIN	Included
GAUCHERS DISFA SE	CERDELGA	Included	ONCOLOGY - ORAL	IBRANCE	Included
DEFICIENCY	GENOTROPIN	Included	ONCOLOGY - ORAL	ICLUSIG	Included
DEFICIENCY	HUMATROPE	Included	ONCOLOGY - ORAL	IDHIFA	Included
DEFICIENCY	INCRELEX	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	Included
DEFICIENCY	NORDITROPIN	Included	ONCOLOGY - ORAL	IMBRUVICA	Included
DEFICIENCY	NUTROPIN AQ	Included	ONCOLOGY - ORAL	INLYTA	Included
DEFICIENCY	NUTROPIN AQ NUSPIN	Included	ONCOLOGY - ORAL	IRESSA	Included
DEFICIENCY	OMNITROPE	Included	ONCOLOGY - ORAL	JAKAFI	Included
DEFICIENCY	SAIZEN	Included	ONCOLOGY - ORAL	KISQALI	Included
DEFICIENCY	SEROSTIM	Included	ONCOLOGY - ORAL	KISQALI FEMARA	Included
DEFICIENCY	ZOMACTON	Included	ONCOLOGY - ORAL	LENVIMA	Included
DEFICIENCY	ZORBTIVE	Included	ONCOLOGY - ORAL	LONSURF	Included
HEMATOLOGIC	BERINFRT	Included	ONCOLOGY - ORAL	LORBRENA	Included
HEMATOLOGIC	CINRYZE	Included	ONCOLOGY - ORAL	LYNPARZA	Included
HEMATOLOGIC	DOPTILET	Included	ONCOLOGY - ORAL	MATULANE	Included
HEMATOLOGIC	FIRAZYR	Included	ONCOLOGY - ORAL	MEKINIST	Included
HEMATOLOGIC	HAEGARDA	Included	ONCOLOGY - ORAL	MEKTOVI	Included
HEMATOLOGIC	MOZOBIL	Included	ONCOLOGY - ORAL	MELPHALAN	Included
HEMATOLOGIC	MULPLETA	Included	ONCOLOGY - ORAL	MESNEX	Included
HEMATOLOGIC	PROMACTA	Included	ONCOLOGY - ORAL	NERLYNX	Included
HEMATOLOGIC	RUCONEST	Included	ONCOLOGY - ORAL	NEXAVAR	Included
HEMATOLOGIC	TAKHZYRO	Included	ONCOLOGY - ORAL	NINLARO	Included
HEMATOLOGIC	TAVALLISSE	Included	ONCOLOGY - ORAL	ODOMZO	Included
HEMOPHILIA - INFUSED	ADVATE	Included	ONCOLOGY - ORAL	POMALYST	Included
HEMOPHILIA - INFUSED	ADYNOVATE	Included	ONCOLOGY - ORAL	REVLIMID	Included
HEMOPHILIA - INFUSED	AFSTYLA	Included	ONCOLOGY - ORAL	RUBRACA	Included
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	Included	ONCOLOGY - ORAL	RYDAPT	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	Included	ONCOLOGY - ORAL	SPRYCEL	Included
HEMOPHILIA - INFUSED	ALPROLIX	Included	ONCOLOGY - ORAL	STIVARGA	Included
HEMOPHILIA - INFUSED	BEBULIN	Included	ONCOLOGY - ORAL	SUTENT	Included
HEMOPHILIA - INFUSED	BENEFIX	Included	ONCOLOGY - ORAL	TAFINLAR	Included
HEMOPHILIA - INFUSED	COAGADEX	Included	ONCOLOGY - ORAL	TAGRISSO	Included
HEMOPHILIA - INFUSED	CORIFACT	Included	ONCOLOGY - ORAL	TALZFNNA	Included
HEMOPHILIA - INFUSED	ELOCTATE	Included	ONCOLOGY - ORAL	TARCEVA	Included
HEMOPHILIA - INFUSED	FEIBA	Included	ONCOLOGY - ORAL	TARGRETIN	Included
HEMOPHILIA - INFUSED	HELIXATE FS	Included	ONCOLOGY - ORAL	TASIGNA	Included
HEMOPHILIA - INFUSED	HEMOPIL M	Included	ONCOLOGY - ORAL	TEMODAR	Included
HEMOPHILIA - INFUSED	HUMATE-P	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	Included
HEMOPHILIA - INFUSED	IDELVION	Included	ONCOLOGY - ORAL	THALOMID	Included
HEMOPHILIA - INFUSED	IXINITY	Included	ONCOLOGY - ORAL	TIBSOVO	Included

HEMOPHILIA - INFUSED	JIVI	Included	ONCOLOGY - ORAL	TRFTINOMIN	Included
HEMOPHILIA - INFUSED	KOATE	Included	ONCOLOGY - ORAL	TYKERB	Included
HEMOPHILIA - INFUSED	KOATE-DVI	Included	ONCOLOGY - ORAL	VENCLEXTA	Included
HEMOPHILIA - INFUSED	KOGENATE FS	Included	ONCOLOGY - ORAL	VERZENIO	Included
HEMOPHILIA - INFUSED	KOVALTRY	Included	ONCOLOGY - ORAL	VITRAKVI	Included
HEMOPHILIA - INFUSED	MONOCLATE-P	Included	ONCOLOGY - ORAL	VIZIMPRO	Included
HEMOPHILIA - INFUSED	MONONINE	Included	ONCOLOGY - ORAL	VOTRIENT	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	Included	ONCOLOGY - ORAL	XALKORI	Included
HEMOPHILIA - INFUSED	NOVSEVEN RT	Included	ONCOLOGY - ORAL	XELODA	Included
HEMOPHILIA - INFUSED	NUVIQ	Included	ONCOLOGY - ORAL	XOSPATA	Included
HEMOPHILIA - INFUSED	PROFILNINE	Included	ONCOLOGY - ORAL	XTANDI	Included
HEMOPHILIA - INFUSED	REBINYN	Included	ONCOLOGY - ORAL	YONSA	Included
HEMOPHILIA - INFUSED	RECOMBINATF	Included	ONCOLOGY - ORAL	ZEJULA	Included
HEMOPHILIA - INFUSED	RIXUBIS	Included	ONCOLOGY - ORAL	ZELBORAF	Included
HEMOPHILIA - INFUSED	TRETEN	Included	ONCOLOGY - ORAL	ZOLINZA	Included
HEMOPHILIA - INFUSED	VONVENDI	Included	ONCOLOGY - ORAL	ZYDELIG	Included
HEMOPHILIA - INFUSED	WILATE	Included	ONCOLOGY - ORAL	ZYKADIA	Included
HEMOPHILIA - INFUSED	XYNTHA	Included	ONCOLOGY - ORAL	ZYTIGA	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Included	ONCOLOGY - TOPICAL	TARGETIN	Included
HEPATITIS B	ADEFOVIR DIPVOXIL	Excluded	ONCOLOGY - TOPICAL	VALCHLOR	Included
HEPATITIS B	BARACLUDE	Excluded	OPHTHALMIC	OXERVATE	Included
HEPATITIS B	ENTECAVIR	Excluded	OSTEOPOROSIS	FORTEO	Included
HEPATITIS B	EPVIR HBV	Excluded	OSTEOPOROSIS	TYMLOS	Included
HEPATITIS B	HEPSERA	Excluded	PARKINSONS DISEASE	APOKYN	Included
HEPATITIS B	LAMIVUDINE HBV	Excluded	PULMONARY DISEASE	ESBRIET	Included
HEPATITIS B	VEMLIDY	Excluded	PULMONARY DISEASE	OFEV	Included
HEPATITIS C	DAKLINZA	Included	PULMONARY HYPERTENSION	ADCIRCA	Included
HEPATITIS C	EPCLUSA	Included	PULMONARY HYPERTENSION	ADEMPAS	Included
HEPATITIS C	HARVONI	Included	PULMONARY HYPERTENSION	LETAIRIS	Included
HEPATITIS C	LEDIPASVIR/SOFOBSUVIR	Included	PULMONARY HYPERTENSION	OPSUMIT	Included
HEPATITIS C	MAVYRET	Included	PULMONARY HYPERTENSION	ORENITRAM	Included
HEPATITIS C	OLYSIO	Included	PULMONARY HYPERTENSION	REVATIO	Included
HEPATITIS C	PEGASYS	Included	PULMONARY HYPERTENSION	TADALAFIL	Included
HEPATITIS C	PEGINTRON	Included	PULMONARY HYPERTENSION	TRACLEER	Included
HEPATITIS C	SOFOBSUVIR/VELPATASVIR	Included	PULMONARY HYPERTENSION	TYVASO	Included
HEPATITIS C	SOVALDI	Included	PULMONARY HYPERTENSION	UPTRAVI	Included
HEPATITIS C	TECHNIVIE	Included	PULMONARY HYPERTENSION	VENTAVIS*	Included
HEPATITIS C	VIEKIRA PAK	Included	TRANSPLANT	ASTAGRAF XL	Excluded
HEPATITIS C	VIEKIRA XR	Included	TRANSPLANT	CELLCEPT	Excluded
HEPATITIS C	VOSEVI	Included	TRANSPLANT	CYCLOSPORINE	Excluded
HEPATITIS C	ZEPATIER	Included	TRANSPLANT	CYCLOSPORINE MODIFIED	Excluded
IMMUNE MODULATOR	ACTIMMUNE	Included	TRANSPLANT	ENVARUS XR	Excluded
IMMUNE MODULATOR	ARCALYST	Included	TRANSPLANT	GENGRAF	Excluded
INFERTILITY	BRAVELLE	Included	TRANSPLANT	MYCOPHENOLATE MOFETIL	Excluded
INFERTILITY	CETROTIDE	Included	TRANSPLANT	MYCOPHENOLIC ACID	Excluded
INFERTILITY	CHORIONIC GONADOTROPIN	Included	TRANSPLANT	MYCOPHENOLIC ACID DR	Excluded
INFERTILITY	FOLLISTIM AO	Included	TRANSPLANT	MYFORTIC	Excluded
INFERTILITY	GANIRELIX ACETATE	Included	TRANSPLANT	NEORAL	Excluded
INFERTILITY	GONAL-F	Included	TRANSPLANT	PROGRAF	Excluded
INFERTILITY	GONAL-F RFF	Included	TRANSPLANT	RAPAMUNE	Excluded
INFERTILITY	MENOPUR	Included	TRANSPLANT	SANDIMMUNE	Excluded
INFERTILITY	NOVAREL	Included	TRANSPLANT	SIROLIMUS	Excluded
INFERTILITY	OVIDREL	Included	TRANSPLANT	TACROLIMUS	Excluded
INFERTILITY	PREGNYL	Included	TRANSPLANT	ZORTRESS	Excluded

\*Includes Nebulizer

Generic equivalents may be dispensed in lieu of brands

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**State of Nebraska**

**UnitedHealthcare - Optional Wellness Program Fees**

	Initial Period 7/1/20 - 6/30/23	Optional Year One	Optional Year Two	Optional Year Three	Optional Year Four
<b>Optional Wellness Services</b>					
Personal Coaching	\$1.43 PEPM	\$1.43 PEPM	\$1.43 PEPM	\$1.43 PEPM	\$1.43 PEPM
Physician Results Form	\$12.25 Per Form	\$12.25 Per Form	\$12.25 Per Form	\$12.25 Per Form	\$12.25 Per Form
On-Site Health Promotion Specialist	\$0.87 PEPM	\$0.87 PEPM	\$0.87 PEPM	\$0.87 PEPM	\$0.87 PEPM
Quit For Life	\$0.40 PEPM	\$0.40 PEPM	\$0.40 PEPM	\$0.40 PEPM	\$0.40 PEPM
Rally Engaged with Elig Feeds + UPR Flex Rewards for medical opt outs	\$1.97 PEPM	\$1.97 PEPM	\$1.97 PEPM	\$1.97 PEPM	\$1.97 PEPM
<b>Number of Plan Employees</b>	12,845	12,845	12,845	12,845	12,845

