

## Jan. 1, 2018 Premium Formulary Exclusions

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>ALLERGIC REACTIONS</b>		
Anaphylaxis Treatment	Adrenaclick, Auvi-Q, EpiPen, Epinephrine injection made by Impax	Epinephrine injection (Authorized Generic of EpiPen made by Mylan)
<b>ANALGESICS</b>		
Non-Steroidal Anti-Inflammatory Agents	Cambia	celecoxib, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin
<b>ANTICONVULSANTS</b>		
Antiepilepsy	Trokendi XR	topiramate ER
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b>		
Interferon Beta Medications for Multiple Sclerosis	Extavia <sup>1</sup> , Plegridy <sup>1</sup> , Rebif <sup>1</sup>	Avonex, Betaseron
Oral Long-Acting Opioid Analgesics	Arymo ER, Nucynta ER, Opana ER, Xtampza ER, Zohydro ER	hydromorphone HCl ER, morphine sulfate ER, oxymorphone HCl ER, Embeda, Hysingla ER, OxyContin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda, Subsys	fentanyl citrate lozenge
<b>DERMATOLOGICAL AGENTS</b>		
Non-Steroidal Anti-Inflammatory	Pennsaid	diclofenac solution
Topical Acne Treatment	Acanya, Aktipak, Veltin	adapalene gel, clindamycin gel/lotion/solution, clindamycin/benzoyl peroxide, erythromycin/benzoyl peroxide, tretinoin cream, Epiduo/Epiduo Forte, Onexton
<b>DIABETES</b>		
Blood Glucose Meters, Test Strips and Control Solutions	Examples: Abbott (FreeStyle, Precision), Arkray(Glucocard), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	Lifescan (One Touch products)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin(M), Alogliptin with metformin(M), Alogliptin with pioglitazone(M), Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni	Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Tradjenta
Sodium-glucose co-transporter (SGLT2) Inhibitors	Farxiga, Xigduo XR	Invokamet, Invokamet XR, Invokana, Jardiance, Synjardy, Synjardy XR
Glucagon-Like Peptide-1(GLP1) Agonists	Adlyxin, Tanzeum	Bydureon, Byetta, Trulicity, Victoza

(M) Co-branded product

\*Tier 3 preferred

<sup>1</sup> Grandfathering allowed no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions. All medications require a Prior Authorization

Therapeutic Category	Excluded Medications	Preferred Alternatives
<b>DIABETES</b>		
Insulins	Novolin	Humulin
Rapid-acting insulin	Apidra, Novolog	Humalog
Basal insulin	Basaglar, Levemir, Tresiba	Lantus, Toujeo
<b>ENDOCRINE (OTHER)</b>		
Growth Hormones	Genotropin, Humatrope, Saizen, Zomacton	Norditropin, Nutropin, Omnitrope
Infertility	Bravelle, Follistim AQ	Gonal-F
Topical Testosterone Gels	Axiron, Fortesta, Testim, Testosterone 1% Gel, Volgelxo	AndroGel 1.62%
<b>GASTROINTESTINAL</b>		
Anti-Inflammatory, Anti-Ulcer Agents	Duexis, Vimovo Zorvolex	famotidine PLUS ibuprofen, omeprazole PLUS naproxen ibuprofen, naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa, Viokace	Creon, Zenpep
Inflammatory Bowel Disease	Asacol HD, Delzicol, Lialda, Mesalamine DR (M)	balsalazide, Apriso
<b>HEMATOLOGICAL</b>		
Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit
<b>IMMUNOMODULATORS</b>		
Interleukin-17 (IL-17)	Taltz <sup>1</sup>	Cosentyx*
Monoclonal Antibody	Inflectra	Remicade
<b>MUSCULOSKELETAL</b>		
Muscle Relaxant	Amrix	cyclobenzaprine
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs	Rescula, Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
<b>RESPIRATORY</b>		
Pulmonary Anti-Inflammatory Inhalers	Alvesco, Asmanex, QVAR	Arnuity Ellipta, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler
Pulmonary Anti-Inflammatory, Long-Acting Beta Agonist Combination Inhalers	AirDuo, Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Levalbuterol Inh(M), Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Chronic Obstructive Pulmonary Disease (inhaled anticholinergics)	Tudorza	Incruse Ellipta, Spiriva
Cystic Fibrosis (inhaled antibiotics)	Kitabis Pak, TOBI Podhaler, Tobramycin Neb (M)	Bethkis
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

(M) Co-branded product

\*Tier 3 preferred

<sup>1</sup> Grandfathering allowed no duration limit. All other therapeutic classes do not allow Grandfathering, no exceptions. All medications require a Prior Authorization

## Excluded brand-name medications with generic equivalents for 2018<sup>†</sup>

The brand-name medications below are excluded on the formulary. These brand-name medications have been identified as having available generic equivalents covered at Tier 1 on the formulary. Speak with your pharmacist to have your excluded brand-name medication substituted with its generic equivalent.

A generic medication contains the same active ingredient(s) as a brand-name medication. An active ingredient is what makes the medication work. For example, Lipitor® and its generic both contain atorvastatin, which reduces the amount of bad cholesterol in the blood. Brand-name medications are often protected by a patent. When the patent ends, drug companies can apply to the U.S. Food and Drug Administration (FDA) to begin making generic versions of the medication.

Aciphex	Crestor	Lipitor	Pulmicort Inh Suspension	Wellbutrin SR
Acticlate	Cymbalta	Lovaza	Retin-A Micro Gel	Wellbutrin XL
Adderall XR	Cytomel	Lunesta	Singulair	Xanax
Alphagan P	Depo – Testost Injection	Minestrin	Taclonex	Xanax XR
Ambien	Dilantin	Nasonex	Tamiflu	Yaz
Ambien CR	Dilantin Chewable	Nexium	Tobi Nebulizer	Zegerid
Androgel 1%	Dilantin Suspension	Nitrostat	Tobradex	Zetia
Azor	Diovan	Norco	Toprol XL	Ziana
Benicar	Diovan HCT	Norvasc	Tribenzor	Zolof
Benicar HCT	Duac	Nuvigil	Vagifem	Zomig
Benzamycin	Duragesic	Ortho Tri Cyclen	Valium	Zomig ZMT
Benzaclin	Effexor XR	Ortho Tri Cyclen Lo	Vitafol	Zovirax
Beyaz	Glumetza	Percocet	Vivelle-Dot	
Carafate	Kadian	Prevacid	Voltaren	
Celebrex	Lexapro	Pristiq	Vytorin	
Concerta	Lidoderm	Prozac	Wellbutrin	

<sup>†</sup>These brand-name medications have been identified as having available generic equivalents. Not all brand-name medications have generic equivalents. Brand-name medications without generic equivalents are included in the previous medication list.

## Required Prior Authorization <sup>2</sup>

Therapeutic Class	Non-Preferred Medications	Preferred Medications
Hepatitis C	All other brands <sup>1</sup> non-preferred with prior authorization	Epclusa: genotype 2, 3, 5 & 6 Harvoni: genotype 1, 4, 5 & 6 Mavyret: genotype 1,2,3,4,5 & 6
Multiple Sclerosis	All other brands <sup>1</sup> non-preferred with prior authorization and Gilenya <sup>1*</sup> Tier 3 with prior authorization	Avonex, Betaseron, Copaxone, Tecfidera
PCSK-9	All other brands <sup>1</sup> non-preferred with prior authorization	Praluent
Immunomodulators	All other brands <sup>1</sup> non-preferred with prior authorization	Cimzia, Humira, Otezla, Simponi, Simponi Aria, Stelara

<sup>2</sup> Non-preferred medications require Step Therapy prior to beginning therapy on preferred agents.



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(M) Co-branded product

\*Tier 3 preferred

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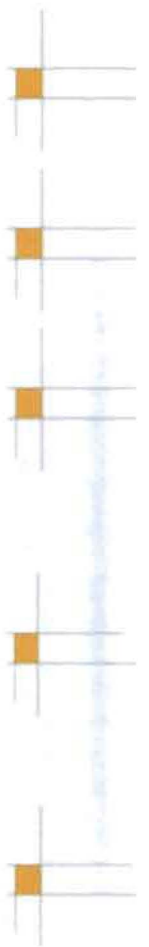
**0196 1345 UMR INC (WAUSAU) -  
TITUS COUNTY**

**QUARTERLY REPORT**  
**Second Quarter 2017**

# Drug Utilization & Costs

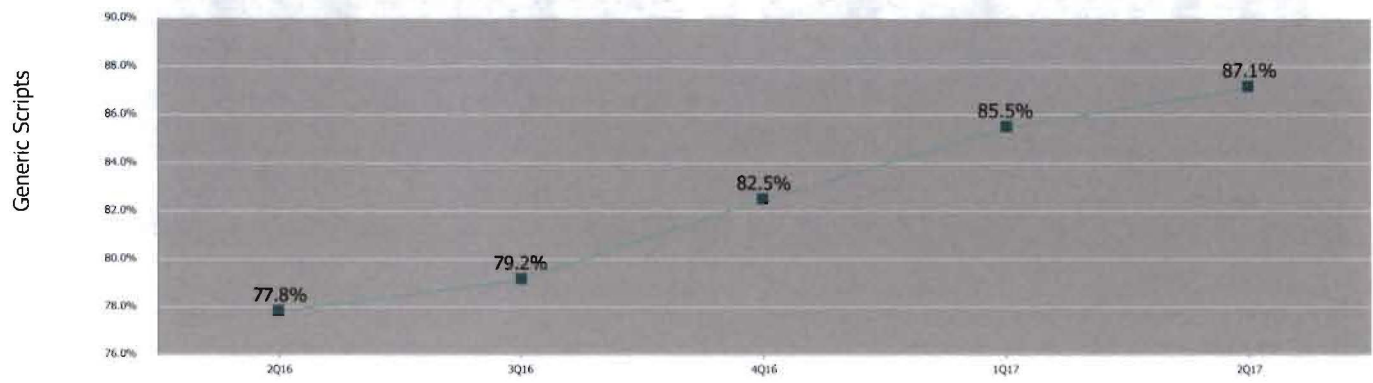
	2Q16	3Q16	4Q16	1Q17	2Q17	YTD
<b>Census Information</b>						
Average Membership	222	214	205	204	206	205
Avg Utilizing Members	95	91	94	94	89	92
<b>Drug Utilization</b>						
Rx Count	758	782	788	729	739	1,468
Rx Count PMPM	1.14	1.22	1.28	1.19	1.19	1.19
Rx Count PUMPM	1.82	2.01	1.96	1.77	2.05	1.62
<b>Total Costs</b>						
Drug Cost	\$ 88,818	\$ 95,769	\$ 101,018	\$ 108,831	\$ 115,046	\$ 223,877
Copay	\$ 8,221	\$ 7,654	\$ 6,738	\$ 7,051	\$ 6,205	\$ 13,256
Amount Paid	\$ 80,597	\$ 88,115	\$ 94,280	\$ 101,780	\$ 108,842	\$ 210,622
<b>Cost per Script</b>						
Drug Cost / Rx	\$ 117.17	\$ 122.47	\$ 128.20	\$ 149.29	\$ 155.68	\$ 152.51
Copay / Rx	\$ 10.85	\$ 9.79	\$ 8.55	\$ 9.67	\$ 8.40	\$ 9.03
Amount Paid / Rx	\$ 106.33	\$ 112.68	\$ 119.65	\$ 139.62	\$ 147.28	\$ 143.48
<b>Costs PMPM</b>						
Drug Cost PMPM	\$ 133.36	\$ 149.17	\$ 164.52	\$ 177.54	\$ 185.86	\$ 181.72
Copay PMPM	\$ 12.34	\$ 11.92	\$ 10.97	\$ 11.50	\$ 10.02	\$ 10.76
Amount Paid PMPM	\$ 121.02	\$ 137.25	\$ 153.55	\$ 166.04	\$ 175.83	\$ 170.96
<b>Members Cost Share</b>						
Member Share	9.3%	8.0%	6.7%	6.5%	5.4%	5.9%

# Generic Utilization



	2Q16	3Q16	4Q16	1Q17	2Q17	YTD
<b>Rx Distribution</b>						
Percent Generic	77.8%	79.2%	82.5%	85.5%	87.1%	86.3%
Percent Brand	22.2%	20.8%	17.5%	14.5%	12.9%	13.7%
<b>Drug Cost Distribution</b>						
Percent Generic	30.4%	26.2%	27.0%	30.3%	36.8%	33.7%
Percent Brand	69.6%	73.8%	73.0%	69.7%	63.2%	66.3%
<b>Average Drug Costs Per Rx</b>						
Retail Generic	\$ 44.55	\$ 39.87	\$ 38.55	\$ 48.78	\$ 62.87	\$ 55.96
Retail Brand	\$ 368.40	\$ 433.79	\$ 531.04	\$ 732.76	\$ 791.56	\$ 760.88
Mail Generic	\$ 165.00	\$ 113.24	\$ 185.94	\$ 171.87	\$ 162.12	\$ 167.24
Mail Brand	\$ 328.69	\$ 425.61	\$ 589.52	\$ 550.92	\$ 430.49	\$ 501.33
<b>Average Amount Paid per Rx</b>						
Retail Generic	\$ 39.02	\$ 34.60	\$ 33.44	\$ 43.32	\$ 57.73	\$ 50.66
Retail Brand	\$ 339.57	\$ 408.62	\$ 508.64	\$ 700.88	\$ 763.66	\$ 730.91
Mail Generic	\$ 155.58	\$ 104.61	\$ 177.27	\$ 162.93	\$ 152.90	\$ 158.16
Mail Brand	\$ 253.69	\$ 361.32	\$ 533.27	\$ 499.78	\$ 378.87	\$ 449.99
<b>Generic Substitution Rate</b>						
	96.9%	98.7%	97.9%	98.9%	99.7%	99.3%

GENERIC UTILIZATION PERCENTAGE



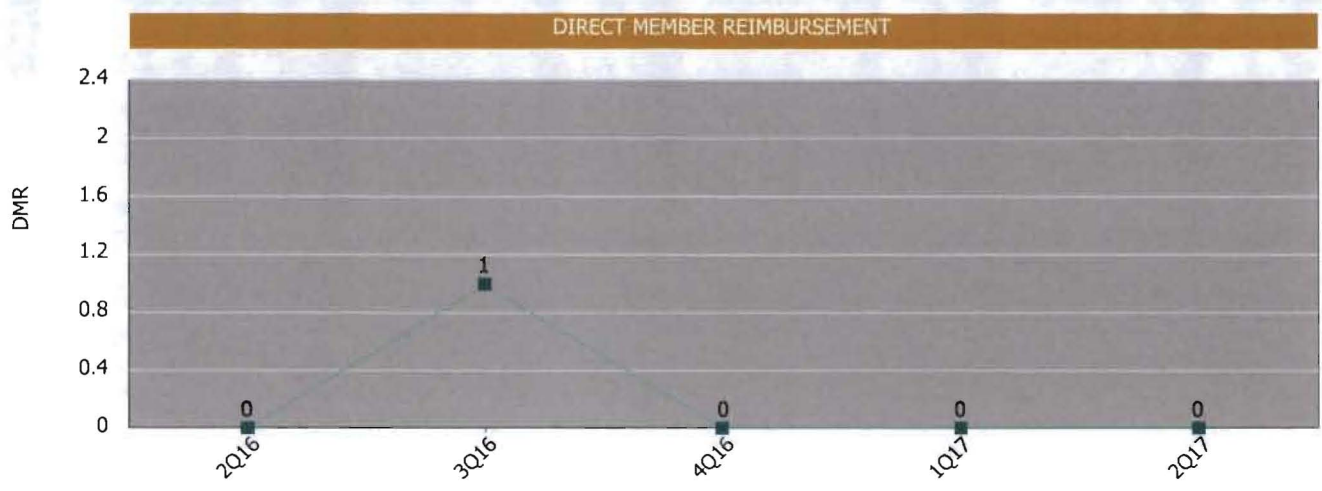
# Mail Service Utilization

	2Q16		3Q16		4Q16		1Q17		2Q17	
	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail
Utilizing Member Count	5	137	8	126	11	131	12	134	12	117
Drug Cost	\$ 1,647	\$ 87,171	\$ 3,659	\$ 92,110	\$ 7,505	\$ 93,513	\$ 9,118	\$ 99,712	\$ 6,094	\$ 108,953
Rx Count	8	750	13	769	23	765	31	698	26	713
Rx Count PMPM	0.01	1.13	0.02	1.20	0.04	1.25	0.05	1.14	0.04	1.15
Days Supply / Rx	89	32	89	30	89	31	90	30	89	31
Drug Cost / Rx	\$ 205.92	\$ 116.23	\$ 281.44	\$ 119.78	\$ 326.31	\$ 122.24	\$ 294.14	\$ 142.85	\$ 234.38	\$ 152.81
Drug Cost / Adj Rx	\$ 69.80	\$ 110.02	\$ 95.28	\$ 119.59	\$ 109.41	\$ 119.87	\$ 98.47	\$ 141.76	\$ 79.24	\$ 146.23
Rx Count - % Generic	75.0%	77.9%	46.2%	79.7%	65.2%	83.0%	67.7%	86.2%	73.1%	87.7%
Rx Count - % Brand	25.0%	22.1%	53.8%	20.3%	34.8%	17.0%	32.3%	13.8%	26.9%	12.3%
Rx Count - % Formulary	87.5%	92.0%	84.6%	91.8%	91.3%	91.0%	87.1%	92.6%	84.6%	93.0%
Rx Count - % Non Formulary	12.5%	8.0%	15.4%	8.2%	8.7%	9.0%	12.9%	7.4%	15.4%	7.0%
Rx Count - % Maintenance	75.0%	75.3%	100.0%	69.2%	87.0%	67.3%	90.3%	66.2%	76.9%	72.9%
Rx Count - % Non Maint.	25.0%	24.7%	0.0%	30.8%	13.0%	32.7%	9.7%	33.8%	23.1%	27.1%



# Direct Member Reimbursement Report

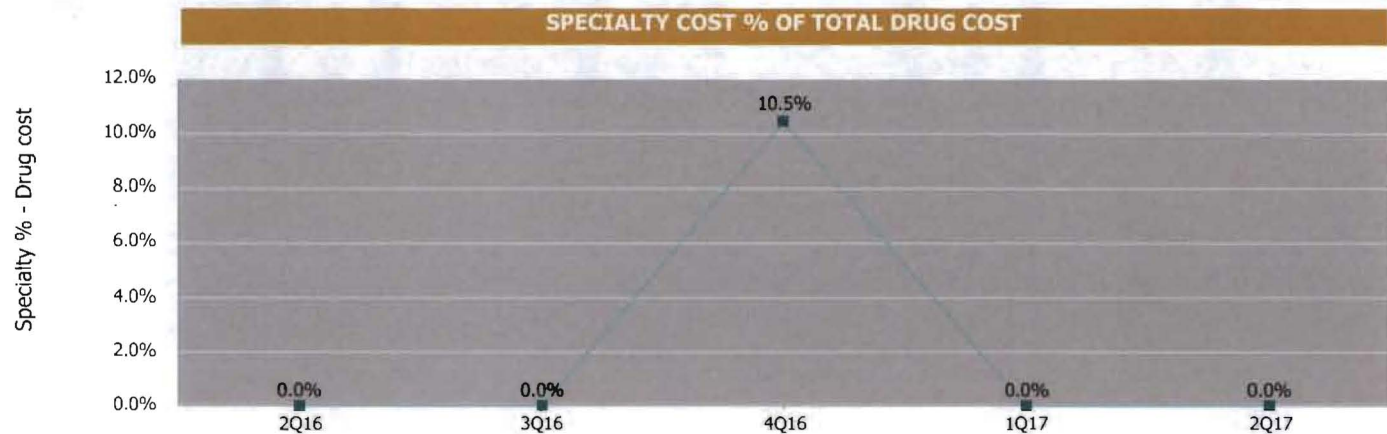
Submitted Quarter	DMRs	Total Prescriptions	Percent of Prescriptions
2Q16	0	758	0.0%
3Q16	1	782	0.1%
4Q16	0	788	0.0%
1Q17	0	729	0.0%
2Q17	0	739	0.0%





# Specialty Drug Utilization and Costs

	2Q16	3Q16	4Q16	1Q17	2Q17	YTD
<b>Census Information</b>						
Average Membership	222	214	205	204	206	205
Avg Utilizing Members	0	0	1	0	0	0
<b>Drug Utilization</b>						
Rx Count	0	0	1	0	0	0
Rx Count PMPM	0.00	0.00	0.00	0.00	0.00	0.00
Rx Count PUMPM	0.00	0.00	0.33	0.00	0.00	0.00
<b>Total Costs</b>						
Drug Cost	\$0	\$0	\$10,582	\$0	\$0	\$0
Copay	\$0	\$0	\$0	\$0	\$0	\$0
Amount Paid	\$0	\$0	\$10,582	\$0	\$0	\$0
<b>Cost Per Script</b>						
Drug Cost / Rx	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00	\$0.00
Copay / Rx	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid / Rx	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00	\$0.00
<b>Costs PMPM</b>						
Drug Cost PMPM	\$0.00	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
Copay PMPM	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid PMPM	\$0.00	\$0.00	\$17.23	\$0.00	\$0.00	\$0.00
Specialty as % of Drug Cost	0.0%	0.0%	10.5%	0.0%	0.0%	0.0%
Specialty Member Share	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



# Top 20 Therapeutic Classes by Drug Cost

Rank	Therapeutic Class	SP	Disease State	Drug Cost	%	Rx's	%
1	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	N	NON-NARCOTIC ANALGESICS	\$41,231	35.8%	46	6.2%
2	DIGESTIVE ENZYMES	N	GASTROINTESTINAL, MISC	\$11,891	10.3%	5	0.7%
3	LOCAL ANESTHETICS - TOPICAL	N	TOPICAL ANESTHETICS	\$6,947	6.0%	6	0.8%
4	INSULIN	N	DIABETES	\$3,896	3.4%	6	0.8%
5	ANTIPRURITICS - TOPICAL	N	MISC SKIN CONDITION	\$3,400	3.0%	3	0.4%
6	PROTON PUMP INHIBITORS	N	ULCER/ACID REFLUX/GERD	\$3,068	2.7%	27	3.7%
7	ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOP	N	ONCOLOGY	\$2,980	2.6%	3	0.4%
8	SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	N	DIABETES	\$2,639	2.3%	6	0.8%
9	ANTIHYPERTENSIVE COMBINATIONS	N	CARDIOVASCULAR	\$2,433	2.1%	28	3.8%
10	INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	N	DIABETES	\$2,299	2.0%	3	0.4%
11	BETA BLOCKERS CARDIO-SELECTIVE	N	CARDIOVASCULAR	\$1,591	1.4%	25	3.4%
12	ESTROGENS	N	MALE AND FEMALE HORMONE REPLACEMENT	\$1,587	1.4%	19	2.6%
13	DIAGNOSTIC TESTS	N	BLOOD GLUCOSE MONITORING	\$1,443	1.3%	4	0.5%
14	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)	N	DEPRESSION	\$1,349	1.2%	16	2.2%
15	STATINS AND STATIN COMBINATIONS	N	CHOLESTEROL LOWERING AGENTS	\$1,299	1.1%	53	7.2%
16	SYMPATHOMIMETICS	N	ASTHMA / COPD	\$1,236	1.1%	8	1.1%
17	DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	N	DIABETES	\$1,186	1.0%	3	0.4%
18	ANTIDIABETIC COMBINATIONS	N	DIABETES	\$1,173	1.0%	3	0.4%
19	ESTROGEN COMBINATIONS	N	MALE AND FEMALE HORMONE REPLACEMENT	\$1,159	1.0%	5	0.7%
20	QUINOLINONE DERIVATIVES	N	ANTIPSYCHOTICS	\$1,151	1.0%	2	0.3%
	<b>SUB-TOTAL</b>			<b>\$93,959</b>	<b>81.7%</b>	<b>271</b>	<b>36.7%</b>
	<b>ALL OTHERS</b>			<b>\$21,088</b>	<b>18.3%</b>	<b>468</b>	<b>63.3%</b>
	<b>TOTAL</b>			<b>\$115,046</b>	<b>100.0%</b>	<b>739</b>	<b>100.0%</b>

SP = SPECIALTY

# Top 25 Drugs by Drug Cost

Rank	Drug Name	SP	Disease State	Drug Cost	%	Rx Count	%
1	DUEXIS	N	NON-NARCOTIC ANALGESICS	\$39,310	34.2%	17	2.3%
2	CREON	N	GASTROINTESTINAL, MISC	\$11,482	10.0%	3	0.4%
3	LIDOCAINE	N	TOPICAL ANESTHETICS	\$6,947	6.0%	6	0.8%
4	DOXEPIN HCL	N	MISC SKIN CONDITION	\$3,400	3.0%	3	0.4%
5	DICLOFENAC	N	ONCOLOGY	\$2,980	2.6%	3	0.4%
6	ESOMEPRA MAG	N	ULCER/ACID REFLUX/GERD	\$2,737	2.4%	10	1.4%
7	VICTOZA	N	DIABETES	\$2,299	2.0%	3	0.4%
8	NOVOLOG	N	DIABETES	\$2,242	1.9%	4	0.5%
9	CELECOXIB	N	NON-NARCOTIC ANALGESICS	\$1,712	1.5%	6	0.8%
10	BYSTOLIC	N	CARDIOVASCULAR	\$1,421	1.2%	8	1.1%
11	OLM MED/HCTZ	N	CARDIOVASCULAR	\$1,403	1.2%	6	0.8%
12	JARDIANCE	N	DIABETES	\$1,325	1.2%	3	0.4%
13	INVOKANA	N	DIABETES	\$1,313	1.1%	3	0.4%
14	FREESTYLE	N	BLOOD GLUCOSE MONITORING	\$1,295	1.1%	3	0.4%
15	TOUJEO SOLO	N	DIABETES	\$1,272	1.1%	1	0.1%
16	ONGLYZA	N	DIABETES	\$1,186	1.0%	3	0.4%
17	JANUMET	N	DIABETES	\$1,173	1.0%	3	0.4%
18	ARIPIPIRAZOLE	N	ANTI PSYCHOTICS	\$1,151	1.0%	2	0.3%
19	SPIRIVA	N	ASTHMA / COPD	\$1,134	1.0%	3	0.4%
20	URSODIOL	N	GALLSTONES	\$1,075	0.9%	3	0.4%
21	DULOXETINE	N	DEPRESSION	\$923	0.8%	13	1.8%
22	OLMESA MEDOX	N	CARDIOVASCULAR	\$889	0.8%	6	0.8%
23	EPINEPHRINE	N	SEVERE ALLERGIC REACTION	\$845	0.7%	2	0.3%
24	VYVANSE	N	ADHD	\$835	0.7%	3	0.4%
25	ESTRADIOL	N	MALE AND FEMALE HORMONE REPLACEMENT	\$822	0.7%	16	2.2%
	<b>SUB-TOTAL</b>			<b>\$91,173</b>	<b>79.2%</b>	<b>133</b>	<b>18.0%</b>
	<b>ALL OTHERS</b>			<b>\$23,874</b>	<b>20.8%</b>	<b>606</b>	<b>82.0%</b>
	<b>TOTAL</b>			<b>\$115,046</b>	<b>100.0%</b>	<b>739</b>	<b>100.0%</b>

SP = SPECIALTY

# Top 25 Members by Drug Cost

DRUG COSTS					SPECIALTY					CONTROLLED SUBSTANCES	
RANK	DRUG COST	%	Rx's	%	DRUG COST / Rx's	PHARM	PRESC	Rx's	%	Rx's	%
1	\$15,915.06	13.8%	20	2.7%	\$795.75	2	3	0	0.0%	3	15.0%
2	\$14,141.64	12.3%	27	3.7%	\$523.76	3	4	0	0.0%	4	14.8%
3	\$7,825.13	6.8%	14	1.9%	\$558.94	2	2	0	0.0%	0	0.0%
4	\$7,249.05	6.3%	18	2.4%	\$402.73	2	3	0	0.0%	2	11.1%
5	\$7,128.17	6.2%	10	1.4%	\$712.82	2	1	0	0.0%	0	0.0%
6	\$7,033.78	6.1%	9	1.2%	\$781.53	4	4	0	0.0%	1	11.1%
7	\$7,018.09	6.1%	10	1.4%	\$701.81	2	2	0	0.0%	1	10.0%
8	\$4,631.71	4.0%	3	0.4%	\$1,543.90	2	2	0	0.0%	0	0.0%
9	\$3,422.41	3.0%	19	2.6%	\$180.13	1	6	0	0.0%	0	0.0%
10	\$2,653.21	2.3%	15	2.0%	\$176.88	1	2	0	0.0%	0	0.0%
11	\$2,193.48	1.9%	12	1.6%	\$182.79	1	1	0	0.0%	0	0.0%
12	\$1,881.94	1.6%	8	1.1%	\$235.24	2	3	0	0.0%	0	0.0%
13	\$1,777.20	1.5%	23	3.1%	\$77.27	1	4	0	0.0%	1	4.3%
14	\$1,664.38	1.4%	11	1.5%	\$151.31	1	3	0	0.0%	1	9.1%
15	\$1,550.40	1.3%	27	3.7%	\$57.42	2	6	0	0.0%	7	25.9%
16	\$1,389.95	1.2%	10	1.4%	\$139.00	2	3	0	0.0%	0	0.0%
17	\$1,334.76	1.2%	8	1.1%	\$166.85	2	3	0	0.0%	2	25.0%
18	\$1,313.43	1.1%	3	0.4%	\$437.81	1	1	0	0.0%	0	0.0%
19	\$1,146.97	1.0%	8	1.1%	\$143.37	2	3	0	0.0%	0	0.0%
20	\$1,030.03	0.9%	9	1.2%	\$114.45	1	1	0	0.0%	0	0.0%
21	\$953.94	0.8%	12	1.6%	\$79.50	1	2	0	0.0%	3	25.0%
22	\$928.59	0.8%	2	0.3%	\$464.30	1	2	0	0.0%	0	0.0%
23	\$842.34	0.7%	10	1.4%	\$84.23	1	3	0	0.0%	0	0.0%
24	\$812.48	0.7%	4	0.5%	\$203.12	1	1	0	0.0%	0	0.0%
25	\$731.67	0.6%	4	0.5%	\$182.92	1	3	0	0.0%	0	0.0%

PHARM = PHARMACY

PRESC = PRESCRIBER

# Days Supply

	2Q16		3Q16		4Q16		1Q17		2Q17	
	RX COUNT	%	RX COUNT	%	RX COUNT	%	RX COUNT	%	RX COUNT	%
<b>Days Supply: Retail</b>										
Days Supply 1-30	678	90.4%	699	90.9%	687	89.8%	624	89.4%	644	90.3%
Days Supply 31-60	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Days Supply 61-90	72	9.6%	70	9.1%	78	10.2%	74	10.6%	69	9.7%
Days Supply >90	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>Days Supply: Mail</b>										
Days Supply 1-30	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Days Supply 31-60	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Days Supply 61-90	8	100.0%	13	100.0%	23	100.0%	31	100.0%	26	100.0%
Days Supply >90	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%



# Top 25 Pharmacies by Drug Cost

NABP NUMBER / PHARMACY LOCATION	DRUG COST		RX COUNT				CONTROLLED SUBSTANCES				DAW		
	COST	%	Rx's	%	COST / RX	UTILIZING MEMBERS	RX PMPM	RX % GENERIC	GENERIC SUBST. RATE	Rx's	%	Rx's	%
4576938 - CLINIC PHARMACY, MT PLEASANT, TX	\$38,950.87	33.9%	317	42.9%	\$122.87	51	6.22	85.2%	99.6%	18	5.7%	0	0.0%
5913618 - ASCPARES, TYLER, TX	\$32,373.04	28.1%	14	1.9%	\$2,312.36	5	2.80	0.0%	0.0%	0	0.0%	0	0.0%
5900231 - TOTAL RX 001, ROWLETT, TX	\$13,327.48	11.6%	12	1.6%	\$1,110.62	1	12.00	100.0%	100.0%	0	0.0%	0	0.0%
5914103 - ASCPARES, PLANO, TX	\$6,937.08	6.0%	3	0.4%	\$2,312.36	1	3.00	0.0%	0.0%	0	0.0%	0	0.0%
0556540 - OPTUMRX, CARLSBAD, CA	\$5,600.58	4.9%	24	3.2%	\$233.36	11	2.18	75.0%	100.0%	0	0.0%	0	0.0%
4563828 - CVS PHARMACY 07436, MT PLEASANT, TX	\$4,300.78	3.7%	67	9.1%	\$64.19	16	4.19	91.0%	100.0%	6	9.0%	0	0.0%
5909974 - THURMAN'S PRO-MED PHARMACY, MOUNT PLEASANT, TX	\$3,112.23	2.7%	27	3.7%	\$115.27	10	2.70	81.5%	100.0%	0	0.0%	0	0.0%
4553764 - WALGREENS #12293 12293, MOUNT PLEASANT, TX	\$2,525.05	2.2%	51	6.9%	\$49.51	10	5.10	98.0%	100.0%	7	13.7%	0	0.0%
4592665 - CVS PHARMACY 07781, PITTSBURG, TX	\$1,530.59	1.3%	23	3.1%	\$66.55	4	5.75	82.6%	100.0%	3	13.0%	0	0.0%
4585824 - WALMART PHARMACY 10-0131 100131, MOUNT PLEASANT, TX	\$984.50	0.9%	37	5.0%	\$26.61	11	3.36	97.3%	100.0%	2	5.4%	0	0.0%
4598249 - BROOKSHIRES PHARMACY 000000058, MT VERNON, TX	\$952.58	0.8%	4	0.5%	\$238.15	3	1.33	50.0%	100.0%	0	0.0%	0	0.0%
4533712 - BROOKSHIRES PHARMACY 000000072, NEW BOSTON, TX	\$829.78	0.7%	25	3.4%	\$33.19	2	12.50	100.0%	100.0%	3	12.0%	0	0.0%
4519015 - SUPER 1 PHARMACY 0000000611, MT PLEASANT, TX	\$806.90	0.7%	52	7.0%	\$15.52	7	7.43	92.3%	98.0%	1	1.9%	0	0.0%

# Top 25 Pharmacies by Drug Cost (Cont.)

NABP NUMBER / PHARMACY LOCATION	DRUG COST		RX COUNT				CONTROLLED SUBSTANCES		DAW				
	COST	%	Rx's	%	COST / RX	UTILIZING MEMBERS	RX PMPM	RX % GENERIC	GENERIC SUBST. RATE	Rx's	%	Rx's	%
4517655 - WALMART PHARMACY 10-3224 103224, GARLAND, TX	\$718.89	0.6%	26	3.5%	\$27.65	1	26.00	100.0%	100.0%	9	34.6%	0	0.0%
4541480 - UNIV OF TEXAS MD ANDERSON CANCER CENTER, HOUSTON, TX	\$508.46	0.4%	3	0.4%	\$169.49	1	3.00	100.0%	100.0%	2	66.7%	0	0.0%
2993942 - BRIOVARX, LAS VEGAS, NV	\$493.19	0.4%	2	0.3%	\$246.60	2	1.00	50.0%	100.0%	0	0.0%	1	50.0%
4568121 - CVS PHARMACY 07466, CANTON, TX	\$442.12	0.4%	25	3.4%	\$17.68	1	25.00	96.0%	100.0%	0	0.0%	0	0.0%
5915268 - THE DRUGSTORE, PITTSBURG, TX	\$177.62	0.2%	4	0.5%	\$44.41	3	1.33	100.0%	100.0%	1	25.0%	0	0.0%
4509228 - BROOKSHIRES PHARMACY 0000000109, DAINGERFIELD, TX	\$125.00	0.1%	11	1.5%	\$11.36	3	3.67	100.0%	100.0%	2	18.2%	0	0.0%
5911727 - PRUETTS FOOD- PHARMACY#5 5, NAPLES, TX	\$105.16	0.1%	5	0.7%	\$21.03	1	5.00	100.0%	100.0%	0	0.0%	0	0.0%
4516437 - WALGREENS #5508 5508, PLANO, TX	\$98.32	0.1%	2	0.3%	\$49.16	1	2.00	100.0%	100.0%	1	50.0%	0	0.0%
4522187 - BROOKSHIRES PHARMACY 0000000060, QUITMAN, TX	\$72.31	0.1%	1	0.1%	\$72.31	1	1.00	100.0%	100.0%	1	100.0%	0	0.0%
4542064 - WALGREENS #9408 9408, TYLER, TX	\$60.64	0.1%	2	0.3%	\$30.32	2	1.00	100.0%	100.0%	2	100.0%	0	0.0%
4549234 - WALGREENS #11910 11910, SULPHUR SPRINGS, TX	\$10.87	0.0%	1	0.1%	\$10.87	1	1.00	100.0%	100.0%	0	0.0%	0	0.0%
4585761 - HEB PHARMACY 419, EAGLE PASS, TX	\$2.38	0.0%	1	0.1%	\$2.38	1	1.00	100.0%	100.0%	0	0.0%	0	0.0%

# Top 25 Prescribers by Drug Cost

DEA # /NPI # PRESCRIBER NAME	DRUG COST		RX COUNT				CONTROLLED SUBSTANCES			DAW			
	COST	%	Rx's	%	COST / RX	UTILIZING MEMBERS	RX PUPM	RX % GENERIC	GENERIC SUBST. RATE	Rx's	%	Rx's	%
1023214475 - INDRESANO, ANDREW	\$13,500.35	11.7%	15	2.0%	\$900.02	1	15.00	100.0%	100.0%	2	13.3%	0	0.0%
1295732832 - BURLING, CHRISTOPHER	\$12,749.18	11.1%	85	11.5%	\$149.99	23	3.70	85.9%	98.6%	0	0.0%	0	0.0%
1447421532 - FOLLODER, JUSTIN	\$12,233.55	10.6%	8	1.1%	\$1,529.19	1	8.00	62.5%	100.0%	0	0.0%	0	0.0%
1154367159 - SPRINGSTEAD, BEVERLEY	\$9,917.13	8.6%	41	5.5%	\$241.88	9	4.56	75.6%	100.0%	1	2.4%	0	0.0%
1093796658 - MERIWETHER, PAUL	\$8,315.17	7.2%	27	3.7%	\$307.97	11	2.45	77.8%	100.0%	1	3.7%	0	0.0%
1457314627 - MCKELLAR, JOSEPH	\$8,292.21	7.2%	23	3.1%	\$360.53	11	2.09	78.3%	100.0%	1	4.3%	1	4.3%
1356343412 - QUIRING, MARK	\$7,206.16	6.3%	12	1.6%	\$600.51	2	6.00	66.7%	100.0%	0	0.0%	0	0.0%
1194033803 - WADDELL, SAMUEL	\$4,721.44	4.1%	5	0.7%	\$944.29	3	1.67	60.0%	100.0%	0	0.0%	0	0.0%
1871536714 - BURROW, RODNEY	\$4,656.10	4.0%	31	4.2%	\$150.20	6	5.17	83.9%	100.0%	1	3.2%	0	0.0%
1891005450 - COLEMAN, TELESIA	\$3,636.11	3.2%	23	3.1%	\$158.09	6	3.83	82.6%	100.0%	0	0.0%	0	0.0%
1386694966 - WELCH, BRIAN	\$3,042.04	2.6%	8	1.1%	\$380.26	1	8.00	0.0%	0.0%	0	0.0%	0	0.0%
1114911369 - MATWIJIW, IGOR	\$2,340.61	2.0%	6	0.8%	\$390.10	1	6.00	50.0%	100.0%	0	0.0%	0	0.0%
1043244874 - GRIFFIN, STEVEN	\$1,535.09	1.3%	37	5.0%	\$41.49	4	9.25	94.6%	97.2%	1	2.7%	0	0.0%
1841625308 - BROOKS, DELISA	\$1,469.55	1.3%	12	1.6%	\$122.46	6	2.00	75.0%	100.0%	0	0.0%	0	0.0%





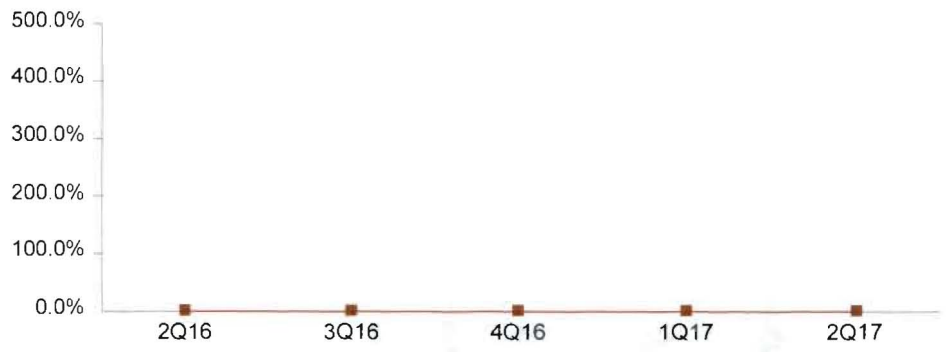
# Specialty Channel

	2Q16		3Q16		4Q16		1Q17		2Q17	
	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail	Retail
Utilizing Member Count	0	0	0	0	0	1	0	0	0	0
Drug Cost	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 10,582	\$ 0	\$ 0	\$ 0	\$ 0
Rx Count	0	0	0	0	0	1	0	0	0	0
Rx Count PMPM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Days Supply / Rx	0	0	0	0	0	21	0	0	0	0
Drug Cost / Rx	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,581.78	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Drug Cost / Adj Rx(30 Days)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 15,116.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Rx Count - % Generic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rx Count - % Brand	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Rx Count - % Formulary	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rx Count - % Non Form.	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Rx Count - % Maintenance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Rx Count - % Non Maint.	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%

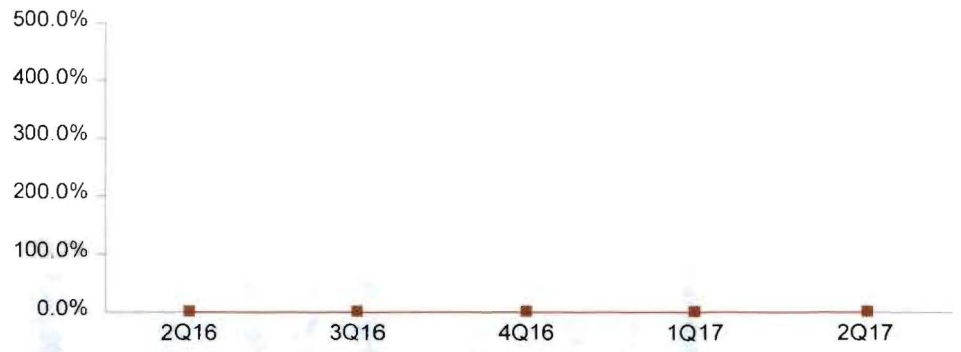


# Specialty Financial Summary

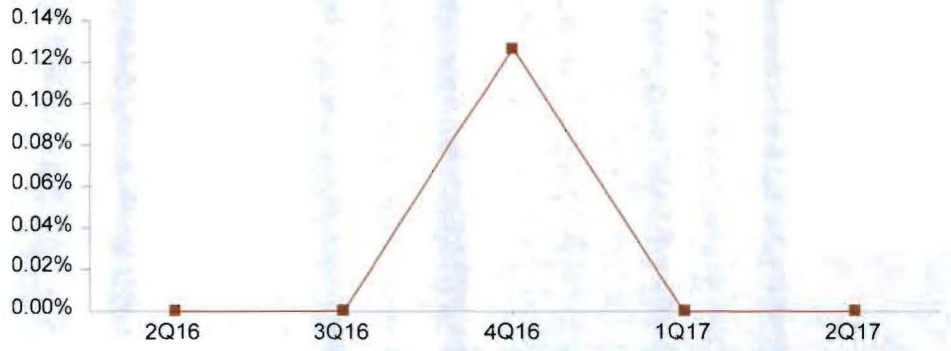
### Generic %



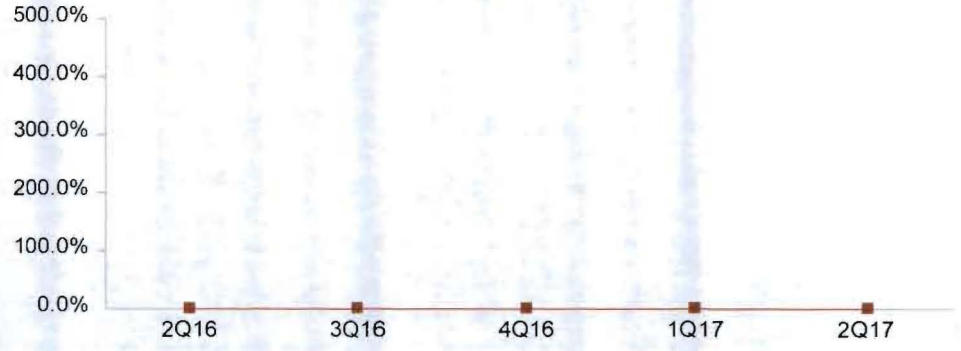
### Mail Penetration



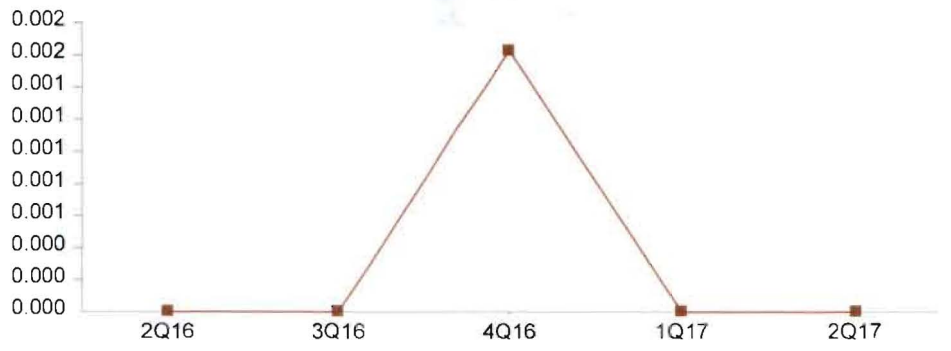
### Specialty %



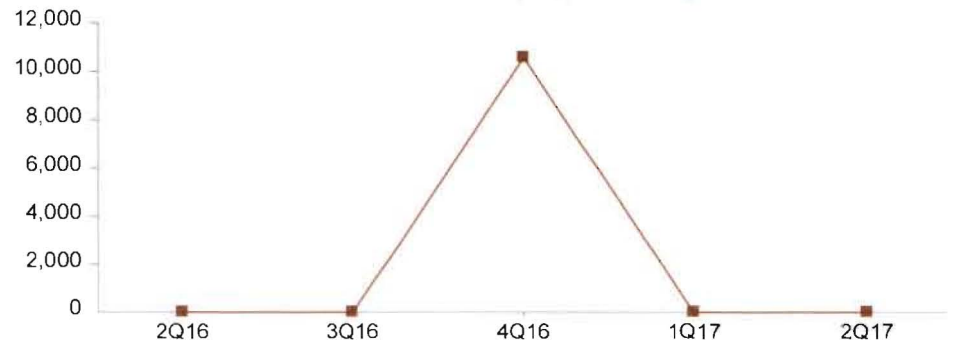
### Member Cost Share



### Rx's PMPM



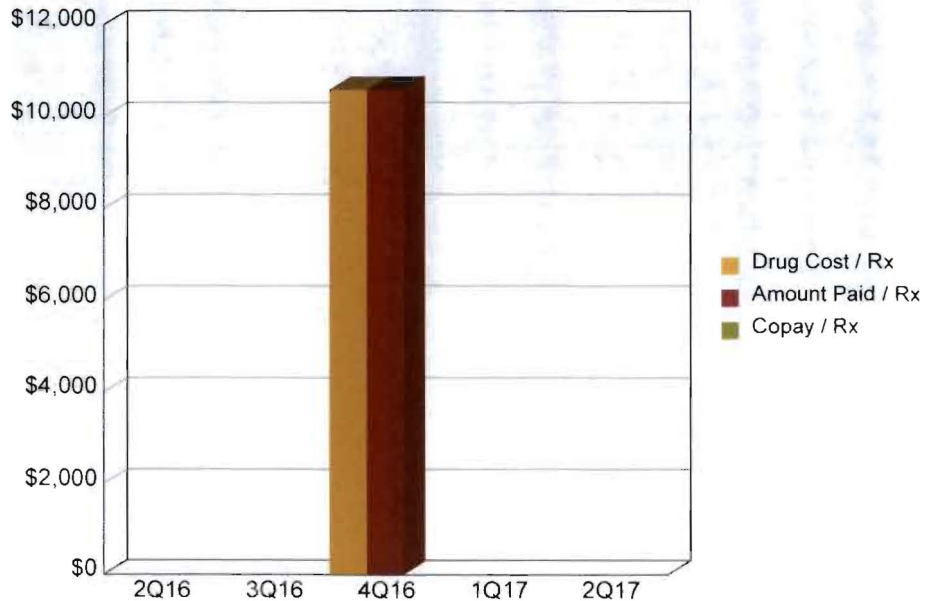
### Plan Paid/ Adj Rx's for 30 Days



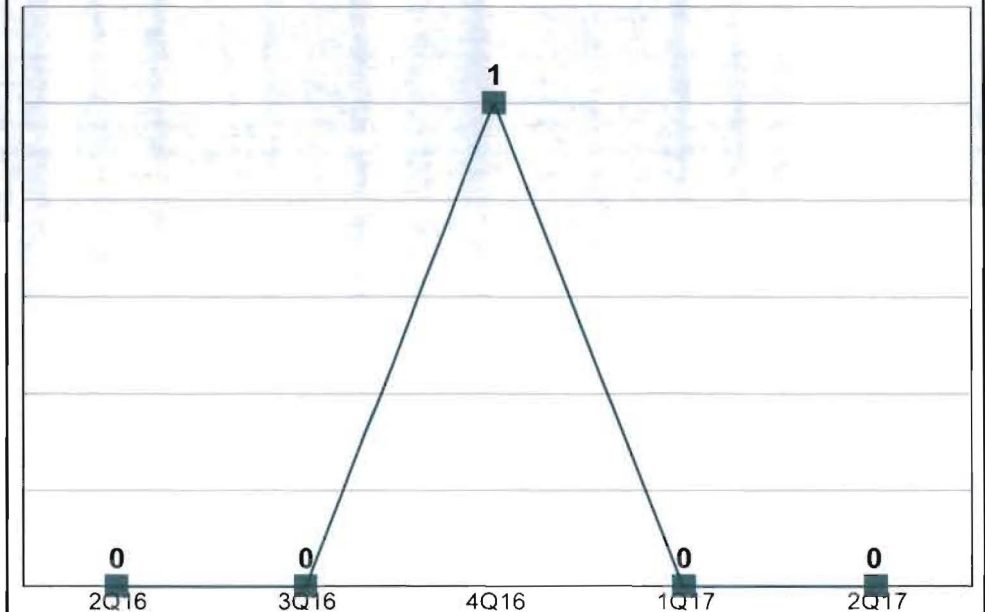
# Specialty Performance

	2Q16	3Q16	4Q16	1Q17	2Q17
Utilizing Members	0	0	1	0	0
Rx Count	0	0	1	0	0
Drug Cost	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00
Copay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Amount Paid	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00
Drug Cost / Rx	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00
Amount Paid / Rx	\$0.00	\$0.00	\$10,581.78	\$0.00	\$0.00
Copay / Rx	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### Cost Per Script



### Utilizing Members





**TITUS COUNTY (76411401)**  
**Plan Cost Summary**

Begin Date: January 2017  
 End Date: December 2017

	2017-01	2017-02	2017-03	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10	2017-11	2017-12	Average/Total
<b>Claim Summary</b>													
Billed	\$296,094	\$270,460	\$379,069	\$352,785	\$465,530	\$219,688	\$991,091	\$341,206	\$164,769	\$0	\$0	\$0	\$3,480,691
Not Covered	\$139,486	\$12,005	\$42,919	\$64,525	\$52,676	\$29,541	\$636,245	\$78,050	\$-1,686	\$0	\$0	\$0	\$1,053,761
Covered	\$156,608	\$258,455	\$336,150	\$288,260	\$412,854	\$190,147	\$354,846	\$263,156	\$166,455	\$0	\$0	\$0	\$2,426,931
Discnt Amt.	\$85,690	\$134,510	\$131,801	\$129,185	\$240,694	\$120,186	\$230,712	\$126,320	\$78,372	\$0	\$0	\$0	\$1,277,471
Allowed	\$70,918	\$123,945	\$204,349	\$159,075	\$172,159	\$69,961	\$124,134	\$136,836	\$88,082	\$0	\$0	\$0	\$1,149,459
Deductible	\$8,616	\$9,758	\$10,027	\$5,074	\$5,863	\$3,186	\$6,882	\$763	\$5,010	\$0	\$0	\$0	\$55,178
Coinsurance	\$6,328	\$15,473	\$22,777	\$220	\$12,255	\$5,969	\$5,809	\$13,962	\$5,779	\$0	\$0	\$0	\$88,571
Copay	\$1,850	\$2,825	\$2,575	\$1,284	\$3,390	\$2,450	\$2,104	\$3,048	\$1,460	\$0	\$0	\$0	\$20,986
COB	\$35	\$117	\$53	\$0	\$756	\$449	\$173	\$160	\$26	\$0	\$0	\$0	\$1,768

<b>Claims Paid By Relationship</b>													
Employee	\$35,153	\$86,058	\$92,802	\$137,571	\$121,333	\$46,302	\$95,335	\$106,636	\$48,132	\$0	\$0	\$0	\$769,322
Spouse	\$17,033	\$10,363	\$73,514	\$10,768	\$12,858	\$8,174	\$5,733	\$6,760	\$5,500	\$0	\$0	\$0	\$150,702
Dep / Chd	\$1,508	\$630	\$2,612	\$4,101	\$15,349	\$3,367	\$7,220	\$5,389	\$22,106	\$0	\$0	\$0	\$62,282

<b>Plan Payment</b>													
Total Paid	\$53,694	\$97,051	\$168,927	\$152,440	\$149,540	\$57,842	\$108,288	\$118,784	\$75,738	\$0	\$0	\$0	\$982,306
% of Chrgs	18.13%	35.88%	44.56%	43.21%	32.12%	26.33%	10.93%	34.81%	45.97%	0.00%	0.00%	0.00%	28.22%
SL Reimb.	\$153,193	\$596	\$58,113	\$46,856	\$60,474	\$15,795	\$42,843	\$14,421	\$0	\$0	\$0	\$0	\$392,291
Net Paid	\$-99,499	\$96,455	\$110,814	\$105,584	\$89,066	\$42,047	\$65,445	\$104,364	\$75,738	\$0	\$0	\$0	\$590,015

<b>Enrollment</b>													
Subscribers	139	138	142	140	141	135	135	137	138	0	0	0	138
Dependents	114	112	113	111	113	111	112	116	115	0	0	0	113
Members	253	250	255	251	254	246	247	253	253	0	0	0	251

<b>Plan Cost Summary</b>													
Claims Cost	\$-99,499	\$96,455	\$110,814	\$105,584	\$89,066	\$42,047	\$65,445	\$104,364	\$75,738	\$0	\$0	\$0	\$590,015
Other Fees	\$57,684	\$1,172	\$1,667	\$2,548	\$1,354	\$742	\$960	\$25,365	\$0	\$0	\$0	\$0	\$91,491
Rx Invoices	\$30,880	\$27,328	\$39,784	\$33,041	\$34,084	\$45,132	\$30,983	\$32,855	\$31,206	\$0	\$0	\$0	\$305,295
Admin Fees	\$5,292	\$5,335	\$5,683	\$5,455	\$5,459	\$5,491	\$4,891	\$5,919	\$0	\$0	\$0	\$0	\$43,525
SL Premium	\$31,464	\$31,225	\$32,401	\$31,496	\$31,937	\$32,100	\$29,646	\$31,502	\$0	\$0	\$0	\$0	\$251,771
Optnl Fees	\$890	\$983	\$1,016	\$991	\$597	\$907	\$838	\$890	\$0	\$0	\$0	\$0	\$7,112
Ancillary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

<b>Total Plan Cost (Claims and Fees)</b>													
Ttl Plan Cost	\$26,712	\$162,498	\$191,364	\$179,115	\$162,496	\$126,419	\$132,763	\$200,896	\$106,945	\$0	\$0	\$0	\$1,289,209
Per Emp.	\$192.17	\$1,177.52	\$1,347.64	\$1,279.40	\$1,152.46	\$936.44	\$983.43	\$1,466.40	\$774.96	\$0.00	\$0.00	\$0.00	\$9,342.09
Per Member	\$105.58	\$649.99	\$750.45	\$713.61	\$639.75	\$513.90	\$537.50	\$794.06	\$422.71	\$0.00	\$0.00	\$0.00	\$5,136.29



**TITUS COUNTY (76411401)**  
**Plan Cost Summary**

Begin Date: January 2016  
 End Date: December 2016

2016-01    2016-02    2016-03    2016-04    2016-05    2016-06    2016-07    2016-08    2016-09    2016-10    2016-11    2016-12    Average/Total

**Claim Summary**

<b>Billed</b>	\$110,090	\$165,069	\$238,720	\$234,406	\$147,551	\$576,356	\$182,493	\$288,576	\$211,816	\$226,225	\$474,650	\$522,998	\$3,378,952
<b>Not Covered</b>	\$5,876	\$23,311	\$55,315	\$-6,800	\$33,404	\$44,768	\$29,346	\$5,865	\$37,937	\$40,355	\$29,790	\$15,733	\$314,899
<b>Covered</b>	\$104,214	\$141,758	\$183,405	\$241,207	\$114,148	\$531,588	\$153,147	\$282,711	\$173,879	\$185,870	\$444,860	\$507,265	\$3,064,053
<b>Discnt Amt.</b>	\$64,204	\$82,848	\$89,286	\$103,760	\$50,875	\$214,005	\$79,172	\$162,017	\$87,018	\$92,666	\$226,665	\$254,088	\$1,506,605
<b>Allowed</b>	\$40,010	\$58,909	\$94,120	\$137,447	\$63,272	\$317,583	\$73,975	\$120,694	\$86,862	\$93,204	\$218,195	\$253,177	\$1,557,448
<b>Deductible</b>	\$592	\$11,518	\$15,644	\$10,291	\$6,715	\$7,665	\$11,458	\$7,550	\$6,624	\$5,995	\$6,370	\$6,851	\$97,272
<b>Coinsurance</b>	\$4,725	\$3,718	\$8,375	\$11,988	\$4,233	\$13,491	\$7,005	\$8,302	\$4,415	\$12,379	\$15,613	\$5,885	\$100,129
<b>Copay</b>	\$950	\$2,410	\$2,815	\$2,165	\$1,285	\$1,850	\$1,475	\$1,780	\$925	\$1,625	\$2,189	\$1,400	\$20,869
<b>COB</b>	\$0	\$86	\$1,909	\$0	\$42	\$569	\$35	\$131	\$0	\$549	\$11	\$406	\$3,738

**Claims Paid By Relationship**

<b>Employee</b>	\$24,269	\$26,238	\$34,610	\$19,052	\$17,735	\$40,855	\$30,870	\$46,826	\$19,111	\$33,272	\$102,875	\$201,034	\$596,749
<b>Spouse</b>	\$3,852	\$7,991	\$17,989	\$59,839	\$18,901	\$216,644	\$12,207	\$31,350	\$46,417	\$34,494	\$72,381	\$31,636	\$553,702
<b>Dep / Chd</b>	\$4,817	\$4,692	\$9,614	\$34,111	\$5,890	\$36,417	\$8,522	\$24,508	\$5,950	\$3,669	\$18,173	\$2,748	\$159,109

**Plan Payment**

<b>Total Paid</b>	\$32,938	\$38,922	\$62,213	\$113,003	\$42,525	\$293,917	\$51,599	\$102,683	\$71,478	\$71,435	\$193,429	\$235,418	\$1,309,560
<b>% of Chrgs</b>	29.92%	23.58%	26.06%	48.21%	28.82%	51.00%	28.27%	35.58%	33.75%	31.58%	40.75%	45.01%	38.76%
<b>SL Reimb.</b>	\$15,416	\$0	\$0	\$562	\$0	\$101,718	\$38,627	\$44,412	\$4,998	\$28,478	\$76,423	\$72,313	\$382,947
<b>Net Paid</b>	\$17,522	\$38,922	\$62,213	\$112,441	\$42,525	\$192,199	\$12,972	\$58,271	\$66,480	\$42,957	\$117,006	\$163,105	\$926,613

**Enrollment**

<b>Subscribers</b>	142	144	142	142	138	136	137	138	139	136	138	136	139
<b>Dependents</b>	129	129	129	128	121	120	122	117	114	110	110	110	120
<b>Members</b>	271	273	271	270	259	256	259	255	253	246	248	246	259

**Plan Cost Summary**

<b>Claims Cost</b>	\$17,522	\$38,922	\$62,213	\$112,441	\$42,525	\$192,199	\$12,972	\$58,271	\$66,480	\$42,957	\$117,006	\$163,105	\$926,613
<b>Other Fees</b>	\$754	\$38	\$3,612	\$1,373	\$1,757	\$2,314	\$36,820	\$4,095	\$1,491	\$542	\$957	\$722	\$54,475
<b>Rx Invoices</b>	\$26,744	\$38,046	\$27,765	\$31,350	\$29,088	\$31,051	\$23,862	\$25,830	\$29,268	\$30,183	\$38,722	\$27,391	\$359,300
<b>Admin Fees</b>	\$5,411	\$5,640	\$5,680	\$5,600	\$5,560	\$5,441	\$5,322	\$5,600	\$5,283	\$5,481	\$5,283	\$5,402	\$65,702
<b>SL Premium</b>	\$26,901	\$27,730	\$27,870	\$27,590	\$27,293	\$26,716	\$25,823	\$27,432	\$25,525	\$26,223	\$25,051	\$25,312	\$319,464
<b>Optnl Fees</b>	\$0	\$0	\$3,233	\$1,074	\$1,062	\$1,040	\$1,003	\$1,067	\$991	\$1,016	\$887	\$977	\$12,350
<b>Ancillary</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Total Plan Cost (Claims and Fees)**

<b>Ttl Plan Cost</b>	\$77,331	\$110,375	\$130,372	\$179,430	\$107,286	\$258,761	\$105,801	\$122,296	\$129,036	\$106,403	\$187,905	\$222,908	\$1,737,904
<b>Per Emp.</b>	\$544.58	\$766.50	\$918.11	\$1,263.59	\$777.43	\$1,902.65	\$772.27	\$886.20	\$928.32	\$782.38	\$1,361.63	\$1,639.03	\$12,502.91
<b>Per Member</b>	\$285.35	\$404.31	\$481.08	\$664.55	\$414.23	\$1,010.78	\$408.50	\$479.59	\$510.03	\$432.53	\$757.68	\$906.13	\$6,710.05



TITUS COUNTY Effective: 01/01/2018

Stop Loss Terms		Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	
<b>Market</b>		Zurich North America	Zurich North America	Zurich North America	Guardian Life	Guardian Life	QBE A & H	QBE A & H	
Network		Choice Plus	Choice Plus	Choice Plus	Choice Plus	Choice Plus	Choice Plus	Choice Plus	
Commission		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
<b>Specific</b>									
Deductible		50,000	50,000	60,000	50,000	60,000	50,000	60,000	
Aggregating Specific		60,000	60,000	60,000	60,000	60,000	60,000	60,000	
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Contract		36/12	Paid	Paid	24/12	24/12	24/12	24/12	
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	
<b>Aggregate</b>									
Annual Maximum		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	
Deductible Corridor		125%	125%	125%	120%	120%	125%	125%	
Contract		36/12	Paid	Paid	24/12	24/12	24/12	24/12	
Coverages		Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	Med, Rx	
Disclosure		90 days	90 days	90 days	90 days	90 days	30 - 120 days	30 - 120 days	
Final Claim Data		through 10 months	through 10 months	through 10 months	90 days	90 days	30 - 120 days	30 - 120 days	
<b>Stop Loss Premium (Fixed)</b>									
Specific	Single	94	\$156.54	\$195.12	\$174.67	\$223.97	\$195.38	\$179.46	\$155.11
	Family	44	\$376.71	\$539.80	\$488.88	\$552.81	\$481.68	\$507.20	\$443.77
Annual Specific Premium			\$375,480.00	\$505,109.76	\$455,156.40	\$544,521.84	\$474,715.68	\$470,232.48	\$409,274.64
Aggregate	Composite	138	\$7.10	\$9.24	\$10.94	\$9.19	\$9.50	\$9.66	\$11.46
Annual Aggregate Premium			\$11,757.60	\$15,301.44	\$18,116.64	\$15,218.64	\$15,732.00	\$15,996.96	\$18,977.76
Total Annual Premium			\$387,237.60	\$520,411.20	\$473,273.04	\$559,740.48	\$490,447.68	\$486,229.44	\$428,252.40
Stop Loss Premium % Change				34.39%	22.22%	44.55%	26.65%	25.56%	10.59%
<b>Annual Fixed Cost</b>			\$387,237.60	\$520,411.20	\$473,273.04	\$559,740.48	\$490,447.68	\$486,229.44	\$428,252.40
<b>Aggregate Claim Liability</b>									
Med, Rx	Single	94	\$590.70	\$743.80	\$768.35	\$692.13	\$716.36	\$705.25	\$730.22
	Family	44	\$1,516.58	\$1,985.88	\$2,051.46	\$1,719.95	\$1,780.14	\$1,986.58	\$2,056.91
Maximum Claim Liability			\$1,467,063.84	\$1,887,551.04	\$1,949,869.68	\$1,688,856.24	\$1,747,968.00	\$1,844,436.24	\$1,909,736.64
% Change				28.66%	32.91%	15.12%	19.15%	25.72%	30.17%
Expected Claim Liability			\$1,173,651.07	\$1,510,040.83	\$1,559,895.74	\$1,407,380.20	\$1,456,640.00	\$1,475,548.99	\$1,527,789.31
<b>Expected Plan Cost</b>			\$1,560,888.67	\$2,030,452.03	\$2,033,168.78	\$1,967,120.68	\$1,947,087.68	\$1,981,778.43	\$1,956,041.71
<b>Summary</b>									
Specific and Aggregate Premium			\$387,237.60	\$520,411.20	\$473,273.04	\$559,740.48	\$490,447.68	\$486,229.44	\$428,252.40
Additional Liability			\$60,000.00	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$60,000.00	\$60,000.00
Expected Claim Liability			\$1,173,651.07	\$1,510,040.83	\$1,559,895.74	\$1,407,380.20	\$1,456,640.00	\$1,475,548.99	\$1,527,789.31
Total Annual Expected Claim and Fixed Costs			\$1,620,888.67	\$2,090,452.03	\$2,093,168.78	\$1,967,120.68	\$1,947,087.68	\$2,021,778.43	\$2,016,041.71
<b>Maximum Plan Cost</b>			\$1,914,301.44	\$2,467,962.24	\$2,483,142.72	\$2,248,596.72	\$2,238,415.68	\$2,390,665.68	\$2,397,989.04
% Change				28.92%	29.72%	17.46%	16.93%	24.88%	25.27%
<b>Qualifications</b>									



August 2017

## **A renewal presentation for Titus County**

Presented to Capps Insurance Agency  
by Chris Caplinger



A UnitedHealthcare Company



# Renewal Services

Customer Name : Titus County  
Plan Renewal Date : 1/1/2018

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 1/1/2018
Medical claims	137	\$37.05	\$37.45
Medical client advisor commission		Net	Net
Incentivized pharmacy credit	137	(\$9.00)	(\$17.00)
Required stop loss interface fee	137	Included	Included
UnitedHealthcare Choice Plus ® network - access fee	137	Included	Included
COBRA administration	137	\$1.10	\$1.12
Utilization management (UM)	137	\$1.84	\$1.84
Case management (CM)	137	\$1.84	\$1.84
NurseLine (NL)	137	\$0.53	\$0.53
Dental claims	138	\$3.83	\$3.83
Medical and pharmacy integration - per participating employee per month	137	\$1.00	\$1.00
Telemedicine (Teladoc)	137	\$1.50	\$1.25
Medical Insured Carve Out Coordination Fee	137	\$0.37	\$0.38
Cost reduction and savings program - large bill review/fee negotiation and secondary/travel network - % of savings	137	30%	30%

Pharmacy credit: In order to qualify for incentivized rebates, plan designs must be two-tier closed, or three-tier with a minimum of \$10.00 difference in copayment or 10% difference in coinsurance between preferred and non-preferred branded drugs.

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 : Titus County  
Plan Effective Date : 1/1/2018

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 1/1/2018
Claim reprocessing - per claim	\$25.00	\$25.00
Subrogation - percent of recoveries	30%	30%
ID card mailing charge - employee residence	Included with medical administration	Included with medical administration
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
Two or more SBC requests per year	\$500.00 per SBC per benefit plan	\$500.00 per SBC per benefit plan
Inclusion of outside vendor data in SBC in UMR standard format, e.g. carved out benefits (approval required)	\$1,000 per SBC per benefit plan	\$1,000 per SBC per benefit plan
Print and ship SBCs to employer at open enrollment (approval required)	Cost plus postage	Cost plus postage
Translation of SBC into non-English text	Cost of translation	Cost of translation
Actuarial Services (Certified Reserving & Custom Pricing)	Pricing available upon request	Pricing available upon request
New York surcharge filing and administration - annual fee	Included with medical administration	Included with medical administration
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
<b>COBRA</b>		
COBRA initial (DOL) letters for new employees	Included with COBRA administration	Included with COBRA administration
COBRA multiple lines of administration - \$0.05 per line	Included with COBRA administration	Included with COBRA administration
<b>Reporting</b>		
Ad hoc reports and analysis - per hour (two hours included with medical administration)	\$100.00	\$100.00

# Pharmacy Pricing

Customer Name : Titus County  
Plan Effective Date : 1/1/2018

UMR through its Pharmacy Benefit Manager affiliate OptumRx will provide Pharmacy Benefits Services. The following fees apply to all retail network pharmacies, with the exception of pharmacies located in states that may elect to participate on a state-fee schedule. Fees assume the pharmacy benefits program is not a discount-card program.

The Standard Network is also available upon request and will provide additional discounts beyond the discounts outlined below. The Standard Network is anchored by either Walgreens or CVS Pharmacy, based upon Titus County's selection. The Standard Network provides deeper discounts, but requires members to utilize a restricted network of pharmacies.

	Published AWP
Electronic claim adjudication - per claim <sup>1</sup>	\$0.00
<b>Retail</b>	
Brand discount, plus dispensing fee	18.00% + \$1.20
Net effective generic discount, plus dispensing fee	73.25% + \$1.20
<b>Mail Order</b>	
Brand discount, plus dispensing fee	22.50% + \$0.00
Net effective generic discount, plus dispensing fee	77.75% + \$0.00
<b>Retail 90 Rx (Optional)</b>	
Brand discount, plus dispensing fee	20.50% + \$0.70
Net effective generic discount, plus dispensing fee	73.25% + \$0.70

Rebate fee credits	
Non-incentivized rebate fee credit	(\$14.00)
Incentivized rebate fee credit	(\$17.00)
Premium PDL rebate fee credit	(\$25.00)

## Additional Programs

Prior authorizations - per clinical prior authorization	Included
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Specialty drugs are priced on an individual drug basis, with an estimated average aggregate specialty discount around 16.00%.

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

### Rebate Fee Credit

Titus County has elected to immediately receive the benefit of any rebate offered in the Rebate Share section above to reduce their monthly medical administration fees. Since Titus County has selected this option, 100% of rebates are retained by UMR. This option allows Titus County the immediate cash flow benefit and eliminates the six to nine month lag in receipt of rebates.

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

# Pharmacy Pricing

## Pharmacy Conditions

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

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 guarantees are reconciled at the aggregate level.

All financial guarantees are reconciled in the aggregate.

Compounds, specialty claims, 340B claims, Indian Health Services and Tribal claims, direct member reimbursement claims, coordination of benefit claims, long term care claims, home infusion claims, vaccines, in-house pharmacies (if applicable) and claims filled outside the OptumRx network will be excluded from the guarantees. Additionally, claims in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, and rural pharmacies will be excluded from the guarantees. Rates may be changed if greater than 5% percent of utilization is incurred in Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, Hawaii, Massachusetts, Alaska, or rural pharmacies, individually or in the aggregate.

UMR reserves the right to modify or amend the financial provisions of this document upon prior notice to Titus County in the event of (a) any government imposed change in federal, state or local laws or interpretation thereof or industry wide change that would make UMR's performance of its duties here under materially more burdensome or expensive, including changes made to the AWP benchmark or methodology; (b) a change in the scope of services to be performed under this document upon which the financial provisions included in this document are based, including a change in the plan design and the exclusion of a service line (i.e. retail, mail, specialty) from Titus County's service selection; (c) a reduction of greater than twenty percent in the total number of members from the number provided to UMR during pricing negotiations upon which the financial provisions included in this document are based; (d) unexpected movement of a branded product to off-patent or where there are generic or over-the-counter substitutes available; or (e) implementation or addition of 100 percent Member paid plans; or (f) UMR is no longer the exclusive specialty pharmacy provider.

Pricing proposal assumes an exclusive specialty arrangement with BriovaRx Pharmacy.

Medicare Part D Wrap plans are required to use fixed fee pricing.

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

The retail and mail order generic discounts exclude any generic drug that has two or fewer generic manufacturers; the retail and mail order brand discounts include any generic drug that has two or fewer generic manufacturers.

Usual & Customary claims are included in the discounts guarantees.

Zero balance claims are included in the discount guarantees prior to the application of member copayment.

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

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 Titus County terminates, if the portion of the contract year before the effective date of Titus County'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

All rebate guarantees are subject to the following terms:

### Non-Incentivized

Titus County's adoption, without deviation, of OptumRx's formulary and utilization management programs, as well as any changes OptumRx makes to its formulary or utilization management.

### Incentivized

Titus County's adoption, without deviation, of OptumRx's formulary and utilization management programs, as well as any changes OptumRx makes to its formulary and utilization management programs; and a minimum of \$10 difference in copayment, or 10 percent difference in coinsurance between preferred and non-preferred Brand Drugs.

### Premium PDL

The Premium formulary is OptumRx's lead national formulary, with a limited number of exclusions that drive stronger rebates and the lowest cost to Titus County. Premium Formulary rebates are contingent upon: Titus County's adoption, without deviation, of OptumRx's formulary and formulary exclusions, as well as any changes OptumRx makes to its formulary and formulary exclusions; and the implementation of the step therapies required by OptumRx, as well as any changes OptumRx makes to its formulary or utilization management programs.

# Pharmacy Pricing

Rebate claims exclude ineligible claims, such as claims with invalid service provider identification or prescription numbers; claims where, after meeting the deductible, the Member's Cost-Sharing Amount under the applicable Benefit Plan requires the Member to pay more than 50 percent of the claim; claims for devices without a Prescription Drug component; claims for re-packaged NDCs; stale dated claims over 180 days old; compounds; claims from 340B which typically receive a discount or rebate directly from Drug Manufacturers under section 340B of the Public Health Service Act, or claims from entities eligible for federal supply schedule prices (for example, Department of Veterans Affairs, U.S. Public Health Service, Department of Defense); or claims that are not for Prescription Drugs (except for insulin or diabetic supplies).

If Titus County makes any change to its Formulary, not initiated by UMR, or Benefit Plan, or adopts any formulary or utilization management program other than one of the options offered by UMR under its formulary or utilization management programs, UMR may adjust the Rebate guarantees, effective the date of the change.

Rebate guarantees may be adjusted in proportion to the impact of unexpected releases of Generic Drugs to market or the withdrawal or recall of existing Brand Drugs.

"AWP" means the average wholesale price, as reflected on the Pricing Source, of a Prescription Drug or other pharmaceutical products or supplies based on the NDC of the Drug dispensed. UMR will rely on the Pricing Source as updated by UMR no less frequently than every seven days to determine AWP for purposes of establishing the pricing provided to Titus County under this agreement. UMR will not establish AWP, and UMR will have no liability to Titus County arising from use of the Pricing Source. If UMR decides to use a pricing benchmark other than AWP or is required to do so because the Pricing Source discontinues publication of AWP and the change would materially affect Titus County's economic benefit under this Agreement, then UMR will provide Titus County with modified pricing terms at least 30 days before the effective date of the change. If the parties fail to agree upon the modified pricing terms before the effective date of the modified pricing terms, then UMR's modified pricing terms will apply until the parties otherwise agree. If the parties are unable to agree to modified pricing terms, then either party may terminate this Agreement upon 60 days prior notice to the other party.

# Proposed Optional Services

Customer Name : Titus County

Plan Effective Date : 1/1/2018

Subscribers : 137

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 Titus County 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.

## Care Management Services - per employee per month (PEPM)

	Included in Fee Provided	Comments/Fees
<b>Comprehensive Health and Wellness (HW) Program:</b> <ul style="list-style-type: none"> <li>· Identification and stratification via clinical health risk assessment (CHRA)</li> <li>· Web or paper based CHRA with mailed results packet to employee</li> <li>· Up to 10 telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco cessation and more)</li> <li>· Educational materials</li> <li>· Member recruitment</li> <li>· Online Internet resources</li> <li>· Quarterly newsletter for all eligible members</li> <li>· Actions plans (online behavioral-based educational modules)</li> <li>· Standard reports</li> </ul>	No	Additional charge: \$3.95 PEPM
Rewards and point management (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	No	Additional charge: \$1.65 PEPM
<b>HealthNotes:</b> <ul style="list-style-type: none"> <li>· Targeted mailings to members and providers</li> <li>· Identification of chronic condition gaps in care</li> <li>· Provide information on preventing long-term issues and avoiding health care costs</li> <li>· Identify opportunities/gaps in care through medical and/or pharmacy claim data</li> </ul>	No	If Disease Management is purchased, HealthNotes is included. HealthNotes can be purchased as a standalone product at \$0.35 PEPM.
<b>HealthNote Reminders:</b> <ul style="list-style-type: none"> <li>· Targeted mailings to members</li> <li>· Reminders to discuss recommended, routine preventive care with provider</li> <li>· Targeted areas: women's health (mammography and cervical cancer screening), adolescent/childhood immunization, diabetes and cholesterol/coronary artery disease (CAD)</li> <li>· Identify opportunities/gaps in care through medical claim data</li> </ul>	No	Additional charge: \$0.13 PEPM

# Proposed Optional Services

<b>Treatment Decision Support:</b> <ul style="list-style-type: none"> <li>Telephonic sessions with registered nurses offering information on medical conditions/treatment options</li> <li>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.</li> <li>Referral to care management programs and in-network providers</li> <li>Identify opportunities/gaps in care through medical and/or pharmacy claim data</li> <li>Standard report</li> </ul>	No	Additional charge: \$0.38 PEPM	
<b>Emergency Room Decision Support:</b> <ul style="list-style-type: none"> <li>Outreach to individuals who have recently visited the emergency room (ER)</li> <li>Provide information/resources to help avoid unnecessary future visits to the ER</li> <li>Two levels of outreach: IVR and calls from registered nurses</li> <li>Identified opportunities through medical claim data</li> <li>Standard report</li> </ul>	No	Additional charge: \$0.13 PEPM NOTE: Must also purchase NurseLine	
<b>Healthy Back:</b> <ul style="list-style-type: none"> <li>Identify opportunities through medical and/or pharmacy claim data</li> <li>Telephonic clinical and lifestyle coaching by chiropractors and registered nurses</li> <li>Referral to quality providers focusing on conservative, nonsurgical treatment</li> </ul>	No	Additional charge: \$0.50 PEPM Must have 500 or more enrollees.	Note:
<ul style="list-style-type: none"> <li>Identify opportunities through medical and/or pharmacy claim data</li> <li>Educational materials</li> </ul>			

## Care Management - Additional Services

	Included in Fee Provided	Comments/Fees	
<b>HW transactional:</b> <b>Lifestyle Coaching:</b> <ul style="list-style-type: none"> <li>Identification and stratification via clinical health risk assessment (CHRA) – CHRAs sold separately</li> <li>Up to five telephonic sessions with a health coach (weight management, stress management, pre-diabetes, increasing activity, tobacco cessation and more)</li> <li>Educational materials</li> <li>Member recruitment</li> <li>Online Internet resources</li> <li>Actions plans (online behavioral-based educational modules)</li> <li>Standard reports</li> </ul>	No	Additional charge: \$ 430.00 per case NOTE: Must also purchase CHRAs	
<b>CHRA Review:</b> <ul style="list-style-type: none"> <li>One telephonic session with a health coach to review clinical health risk assessment (CHRA) results - CHRAs sold separately. Includes biometrics screening review (if applicable).</li> <li>Educational materials</li> <li>Standard report</li> </ul>	No	Additional charge: \$ 130.00 per review NOTE: Must also purchase CHRAs	
<b>Tobacco Cessation Program:</b> <ul style="list-style-type: none"> <li>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)</li> <li>Educational materials</li> <li>Online Internet resources</li> <li>Actions plans (online behavioral-based educational modules)</li> <li>Outreach at six and 12 months to determine if member returned to tobacco (check-in only, not additional coaching)</li> <li>Standard reports</li> </ul>	No	Additional charge: \$ 430.00 per case	

# Proposed Optional Services

Quarterly Newsletter	No	\$1.25 per newsletter per eligible member per quarter (Add on for CHRAs and/or Coaching)
Nicotine Replacement Therapy (NRT) (requires purchase of Comprehensive H&W Program, Lifestyle Coaching and/or Tobacco 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 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
<b>Biometrics (NOTE: Special requests or late changes may incur additional fees. Contact your UMR representative for further information.)</b>		
On-site basic lipid glucose panel - finger stick (requires minimum of 20 screens per event)	No	Additional charge: \$69.00/screening (UMR standard)
On-site basic lipid glucose panel - venipuncture	No	Additional charge: \$69.00/screening (20+) (UMR standard); \$124.00 (2-19); \$165.00 (1)
On-site comprehensive biometric panel - venipuncture	No	Additional charge: \$104.00/screening (20+); \$159.00 (2-19); \$190.00 (1)
Additional screenings to add on to on-site or walk in panels	No	Additional charge: <ul style="list-style-type: none"> <li>• Prostate specific antigen - \$18.00/screening</li> <li>• Advanced thyroid - \$16.00/screening</li> <li>• Vitamin D - \$29.00/screening</li> <li>• Hemoglobin A1C - \$12.00/screening (venipuncture) &amp; \$23.50/screening (finger stick – 20 min. participants, on-site only)</li> <li>• Cotinine - \$16.00/screening (venipuncture) &amp; \$23.50/screening (finger stick – 20 min. participants, on-site only)</li> </ul>
Walk in (Off-site) - lipid glucose biometric panel venipuncture	No	Additional charge: \$82.00/screening (UMR standard)
Walk in (Off-site) - comprehensive biometric panel venipuncture	No	Additional charge: \$104.00/screening
Walk in (Off-site) - Full biometrics (including height, weight, blood pressure, and waist circumference) captured at select LabCorp locations	No	Additional charge: \$18/participant (must be purchased in conjunction with biometric panel screening)
Biometric screening home kits	No	Additional charge: Fasting Lipid/glucose \$80.00/kit
Standalone On Site Cotinine Testing Only- venipuncture	No	\$35.50 per participant (20 participant minimum)
Standalone On Site Cotinine Testing Only- fingerstick	No	\$41.00 per participant (20 participant minimum)
Cotinine Testing Only - Remote Lab Corp	No	\$35.50 per participant
Health provider form (Must be purchased in conjunction with biometric screenings)	No	Additional charge: \$18.00/ form; \$10/reminder call to participant/provider for missing data
On-site flu shots (require a minimum of 20 participants –in conjunction with an on-site screening event)	No	Trivalent vaccine \$31.00/shot; Quadrivalent \$39.50/shot
Privacy Screens	No	Additional charge: \$30.00/screen (3 screens per station) per day
Non-screening receptionist	No	Additional charge: \$60.00/hour
<b>Misc. transactional:</b>		
on-site Worksite Wellness Consultant: <ul style="list-style-type: none"> <li>• Four hours of consultation</li> <li>• Provide various services to make the work environment more supportive of healthy behaviors</li> <li>• Individualized per customer needs</li> <li>• Standard report</li> </ul>	No	Additional charge: \$2600 per 4 hours



# Proposed Optional Services

<p>on-site Worksite Wellness Consultant:</p> <ul style="list-style-type: none"> <li>• Eight hours of consultation</li> <li>• Provide various services to make the work environment more supportive of healthy behaviors</li> <li>• Individualized per customer needs</li> <li>• Standard report</li> </ul>	Yes	Additional charge: \$2900 per 8 hours
<p>Real Appeal - Year-long weight loss program</p> <ul style="list-style-type: none"> <li>• Promotional/communication assistance and materials (includes a brand manager &amp; client manager)</li> <li>• Initial, personalization session</li> <li>• Weekly, Web-based group session</li> <li>• Ongoing, Web-based (face-to-face) individual coaching</li> <li>• 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, pedometer and more</li> <li>• Online/mobile tools to track nutrition and physical activity</li> <li>• Standard reports</li> </ul>	No	Session costs paid through medical claims (Contact your UMR representative for further information.)

# Conditions

**Customer Name : Titus County**  
**Plan Effective Date : 1/1/2018**

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

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

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

Fees proposed are subject to change if a division, subsidiary or affiliated company is added or deleted from the plan, or if the number of covered employees changes by 15% or more from this proposal.

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 carved out.



# Conditions

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.

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.

Health reimbursement account assumes 20% participation rate.

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.