

**PHARMACY BENEFIT MANAGEMENT
ADMINISTRATIVE SERVICES AGREEMENT**

WHEREAS, The Texas A&M University System (“A&M System” or “Sponsor”) issued a document entitled “REQUEST FOR PROPOSAL for Self-Insured Employee Group Prescription Drug Plan Administration, RFP Number RFP01 SBA-21-098” (“RFP”) for the period from September 1, 2021 through August 31, 2024, which RFP shall remain on file with the A&M System as Exhibit “A” to this Contract (as defined below), and is incorporated herein by reference for all purposes as if restated in full; and

WHEREAS, Express Scripts, Inc. (“ESI”), State of Texas Vendor Identification Number 14314205630, submitted a Response in the form of a Proposal for administering the A&M System’s self-insured prescription drug plan (“Plan”) and which Proposal shall remain on file as Exhibit “B” to this Contract and is incorporated herein by reference for all purposes as if restated in full (“Proposal”); and

WHEREAS, ESI submitted the following clarifications to its Proposal: Responses to RFP follow up questions and supporting documentation dated April 1, 2021, herein collectively known as the “Clarifications” and shall remain on file as Exhibit “E” to this Contract, incorporated herein by reference for all purposes as if restated in full; and

WHEREAS, the program pricing terms for ESI’s services have been agreed upon by the A&M System and ESI (the “parties”), and are memorialized in Program Pricing Terms, which is attached as Exhibit “C” to the Contract, and Specialty Drugs Under the Mail Order Pharmacy Program, which is attached as Exhibit “D” to this Contract, each of which is incorporated herein by reference for all purposes as if restated in full.

NOW THEREFORE, in consideration of and to memorialize the foregoing Contract documented by the RFP, the Proposal, the Clarifications, Exhibits A through K, and the mutual understandings set out herein, the A&M System and ESI have agreed as follows:

I. Entire Contract

This Pharmacy Benefit Management Administrative Services Agreement, including all exhibits attached hereto and/or incorporated herein by reference, including, but not limited to the RFP, the Proposal, the Clarifications, all interrogatories in the RFP and responses thereto in the Proposal, and all exhibits attached to and/or incorporated in the RFP and Proposal, shall collectively be referred to as and shall constitute the entire “Contract” between the A&M System and ESI, and supersedes all prior written or oral statements between the parties, except as specifically provided herein. The A&M System and ESI agree that the Contract, which includes the component parts described herein and within each document, shall govern the responsibilities and obligations of the parties to the Contract. ESI further warrants and represents that it agrees with and will comply with Contract requirements and specifications. ESI warrants and represents that all statements and representations made to the A&M System in the Contract, including its interrogatory responses are true and correct as of the date of this Contract. ESI acknowledges that these statements and representations may have been relied upon by the A&M System in selecting ESI to perform the services described in the RFP and the Proposal. The parties also acknowledge and agree that if it is determined that there is a conflict among any of the Contract provisions, then the order of precedence shall be as follows: (1) this Pharmacy Benefit Management Administrative Services Agreement, (2) Pricing and Terms and Scope of Services (Exhibits C, D, and G), (3) Clarifications (Exhibit E), (4) the Proposal (Exhibit B), (5) any other exhibits to this Pharmacy Benefit Management Administrative Services Agreement, and (6) the RFP (Exhibit A). Further, if any term or part of the Contract is void for any reason, that portion shall be severed and the remaining Contract shall remain valid and enforceable.

II. Services and Guidelines

a. Services

1. Without limitation of the importance of each provision of the Proposal and ESI's obligation to comply with the detailed requirements of the entire Proposal, ESI specifically agrees to administer the delivery of the benefits and services of the Plan as described in this Contract pursuant to the performance requirements described in the Scope of Services attached as Exhibit "G" to this Contract and incorporated herein by reference for all purposes as if restated in full, Proposal, and Clarifications.
2. ESI will not revise the program pricing terms set forth in Exhibit C for the services for the Term (as defined below) of this Contract, unless required by law, or unless by written agreement between the parties. ESI understands that the A&M System may revise the Plan's benefit package or design at any time. To this end, ESI agrees to cooperate with the A&M System and to negotiate in good faith a modification as to any rates reasonably related to such Plan benefit changes.

- b. Enrollment and Disenrollment. Eligibility, enrollment and participation shall be governed by the terms set out more fully in Exhibit G, the RFP, and Proposal. Any determination of or interpretation of Member (as defined in Exhibit G) eligibility and effective dates shall be made solely by the A&M System, and may include retroactive eligibility and effective date determinations, when deemed appropriate by the A&M System. The Director of System Benefits Administration at the A&M System has the authority to determine all questions relating to enrollment and eligibility.

III. Fees and Payments

- a. Fees. ESI's Fees (as defined in Exhibit G) for the services provided in connection with this Contract are set forth in Exhibits C and D and shall remain unchanged for the Term of this Contract unless changed by mutual written agreement of the parties to this Contract or as required by law or allowed by this Contract.
- b. Billing and Payment. Billing and payment shall be governed by the terms set out more fully in Exhibit C-1. ESI agrees not to submit billings to Members except in the case of deductibles, Copayments (as defined in Exhibit G), and penalties payable by the Member.

IV. Duties of A&M System

- a. Plan Participation. The A&M System shall furnish in a timely manner to ESI such information as may from time to time be required by ESI to perform its duties under this Contract including, but not limited to, adequate and complete information regarding the name, address, participation dates, and contributions of Members in the format specified in the RFP, which will comply with all laws and regulations, State or Federal, then in effect.
- b. Payment of Costs and Fees for Services. In consideration of ESI's performance of the services, the A&M System agrees to pay the Fees as required by this Contract.

V. Right to Audit

- a. ESI will maintain all claims and such other records that directly relate to services performed under this Contract as stated in Section VI.a. For purposes of this Section, the term "records" includes those A&M System specific records necessary to confirm ESI's compliance with its claims processing, operational services, rebate payments, and performance standards obligations under this Contract. Such records will be in their original form or microfilm, or microfiche, or other form determined by ESI.
- b. ESI understands and agrees that the A&M System is subject to Section 51.9335(c), Texas Education Code, which authorizes the State Auditor to conduct an audit of any contract entered into by the A&M System for goods and services for purposes of confirming compliance with the contractual obligations under the contract and that acceptance of funds under this Contract constitutes acceptance of the authority of the Texas State Auditor's Office, or any successor agency (collectively "State Auditor") to conduct an audit or investigation consistent with applicable state law in connection with those funds pursuant to Sections 51.9335(c), 73.115(c) and 74.008(c), Texas Education Code, for purposes of confirming compliance with the terms of this Contract. Contactor agrees to cooperate with the State Auditor in the conduct of the audit or investigation, including providing all records directly related to the services performed by ESI pursuant to this Contract.
- c. ESI agrees to permit the A&M System to conduct an audit to confirm ESI's compliance with this Contract consistent with the Audit Protocol set forth in Exhibit I. Auditing representatives selected by the A&M System (the "Auditor") and approved by ESI, whose approval shall not be unreasonably withheld, shall be allowed access to A&M System specific records, consistent with Applicable Law (as defined below), relating to the services provided under this Contract, including financial records, contracts, and medical records to the extent such records are necessary under accepted auditing standards to confirm ESI's compliance with its obligations under this Contract. All audits will be conducted in accordance with standard auditing standards. Audit by the A&M System may be conducted once annually during the Term of this Contract and the four year period following termination of this Contract. This right to audit shall survive the termination of this Contract for a period of four (4) years. As part of this right to audit, the A&M System will be entitled to one claims audit annually at no additional cost, based on a rolling twenty-four (24) months of data. If the A&M System requires additional audits or data beyond the 24 months, such audit will include ESI's standard audit cost. As part of the claims audit, the Auditor shall sign a confidentiality agreement and comply with ESI's litigation requirements as follows: the Auditor performing the audit (1) shall not be a competitor of ESI, (2) shall not have breached a confidentiality agreement with ESI and (3) will warrant and represent that is it not providing Litigation Services (as defined below) to any person or entity in connection with any lawsuit, investigation, or other proceeding that is pending or contemplated against ESI. "Litigation Services" include (a) examining pharmacy claims or any other documents or information, or (b) providing advice, analysis, and/or opinions as a disclosed or undisclosed expert or consultant. The Auditor must agree that, for six (6) months after completion of the audit, it will not provide Litigation Services in any lawsuit, investigation, or other proceeding against ESI, except for Litigation Services that may be instituted on behalf of the A&M System.
- d. Subject to Applicable Law and execution of a confidentiality agreement, the A&M System has the right to audit ESI's rebate agreements consistent with the Audit Protocol set forth in Exhibit I. The audit will include only those portions of the rebate agreements necessary to determine ESI's compliance with Exhibit C. The audit will be conducted at ESI's offices as scheduled by agreement of the parties, but not sooner than sixty (60) days after the execution of the confidentiality agreement. This provision will also apply where there is a bona fide dispute (as defined below) following the initial claims audit regarding whether the A&M System has received at the point of sale the pharmacy contracted rate and hence a further audit need for examination of the retail pharmacy contract itself. For purposes of this provision,

a “bona fide dispute” means that, based on the results of an initial claims audit, there is a reasonably valid basis for believing that ESI has billed the A&M System an amount other than the amount reimbursed to the pharmacy or has otherwise not passed through the pharmacy contracted rate.

- e. ESI shall conduct regular audits of its retail pharmacy network with respect to all services provided to or on behalf of its plan sponsors, including the Plan, and ESI will report the result of these audits to the A&M System no later than forty-five (45) days after the end of each calendar quarter. ESI will forward to the A&M System an “Audit Summary Report”, which will detail the field and desk audits ESI performed on behalf of the A&M System during the previous four (4) calendar quarters. The Audit Summary Report will also provide audit information specific to the A&M System, including at the pharmacy level, the number and type of discrepancies identified along with the initial and final discrepancy amounts. ESI will provide a summary of the audit findings specific to the A&M System when ESI’s audit identifies significant billing discrepancies involving the A&M System’s claims that result in a retail pharmacy being terminated from the retail pharmacy network due to ESI’s audit findings. ESI further agrees that all overpayments recovered by ESI as the result of such audits shall be returned to the A&M System, minus 15% that ESI shall retain for purposes of having provided the audit program.

VI. Records

- a. Maintenance. ESI agrees that ESI shall maintain adequate records of all transactions between ESI and providers, the A&M System, and Members on behalf of the A&M System during the Term and for a period of four (4) years thereafter unless a longer period is required by law. All such records, including any research, reports, studies, data, or other documents that are specifically generated by ESI for the A&M System and are specific to its program under this Contract, shall be the property of the A&M System and all such materials shall be delivered to the A&M System by ESI upon completion, termination, or cancellation of this Contract upon the written request of the A&M System. Notwithstanding anything to the contrary, ESI shall be permitted to retain one copy of such records for its archival purposes and shall maintain and protect the confidentiality of such records in accordance with the Business Associate Agreement (as defined below) and Applicable Law. However, nothing herein shall prohibit or prevent ESI from complying with Applicable Law.
- b. Inspection. Such records shall be available during normal business hours for inspection by the A&M System, its authorized representative or a duly authorized and properly identified governmental authority.

VII. Term and Termination

- a. Contract Term
 - 1. This Contract will be for a term beginning September 1, 2021 (“Effective Date”). The Commercial Benefit (as defined in Exhibit G) will extend through August 31, 2024, unless renewed or terminated as provided herein. The EGWP Benefit (as defined in Exhibit G) will extend through December 31, 2024, unless renewed or terminated as provided herein. Assuming satisfactory performance and terms and fees are mutually agreed upon by the parties in writing prior to the expiration of this Contract, an affirmative renewal of up to three (3) additional years may be allowed (the “Renewal Term”, and collectively with the Initial Term (as defined below), the “Term”). In the event of a renewal, the maximum period of performance will end on December 31, 2027.
 - 2. The A&M System and ESI agree and acknowledge that the services to be provided under the Contract will occur between September 1, 2021 and December 31, 2024 (the “Initial Term”). However, the

A&M System and ESI also agree and acknowledge that there are duties and obligations specified by the Contract to be performed prior to September 1, 2021 and following December 31, 2024, and the parties each agree to perform all such duties and obligations. Certain provisions of this Contract, as noted, will survive its termination.

3. The parties agree to act in good faith and with due diligence in connection with the performance of this Contract and any negotiations related thereto.

b. Termination

1. Termination of this Contract shall be governed by its terms.
2. Without restricting any other legal, contractual or equitable remedies otherwise available, the A&M System may terminate this Contract without cause by giving ESI ninety (90) days' written notice.
3. Either party may terminate this Contract in the event the other party is in material breach of this Contract. The party alleging such breach will give written notice thereof to the other party. If such material breach is not cured within forty-five (45) days of receipt of such notice, the non-breaching party may terminate this Contract upon written notice to the other party.

VIII. Amendment of Contract

Any amendments to this Contract must be in writing and signed by both parties.

IX. Venue, Governing Law, and Compliance with Law

a. Venue

Pursuant to Section 85.18, Texas Education Code, venue for any suit filed against the A&M System shall be in the county in which the primary office of the chief executive officer of the A&M System is located. At the date of this Contract, such county is Brazos County, Texas.

b. Governing Law

This Contract and all of the rights and obligations of the parties hereto and all of the terms and conditions hereof shall be construed, interpreted and applied in accordance with and governed by and enforced under the laws of the State of Texas; provided, however, all matters relating to the Mail Order Pharmacy Program operations of ESI shall be governed by the laws of the State in which ESI's mail order pharmacy is located; and further provided, however, that nothing in this choice of law will be construed as a waiver or relinquishment of the A&M System's right to claim such exemptions, privileges, and immunities as may be provided by law and that, as an agency of the state of Texas, the A&M System lacks the authority to agree to contract terms in contravention of statute, and this contractual choice of law provision may not alter or override statutory limitations.

c. Compliance with Law

The parties agree that they will comply with all federal, state, and local laws, regulations, and rules ("Applicable Law") applicable to the performance of their obligations under this Contract and the maintenance, use, and disclosure of Protected Health Information (as defined in HIPAA (as defined below)), including but not

limited to, the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (“HIPAA”), Subtitle D of the Health Information Technology for Economic and Clinical Health Act, which is Title XIII of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and the regulations promulgated thereunder (the “HITECH Act”, and collectively with HIPAA, the “HIPAA Requirements”), and the Anti-Kickback Statute, the public Contracts Anti-Kickback Act, the Stark Law, and laws and regulations relating to disclosure or notification of Plan benefits or the terms of rebate administration under this Contract. To the extent any Applicable Law requires either party to include additional language in this Contract, the parties agree to cooperate in the discussion of a mutually agreeable amendment that the parties will then cooperate in the preparation, execution and implementation of any necessary amendment. The parties further agree and acknowledge that nothing contained in this Contract shall be construed as a waiver of sovereign, governmental or official immunity by the A&M System, its officers, regents, employees, or the State of Texas.

X. HIPAA Business Associate Agreement

The A&M System and ESI agree to comply with the terms of the HIPAA Business Associate Agreement attached hereto as Exhibit J and incorporated herein by reference (the “BAA”). The parties also agree to enter into any further agreements with each other or other appropriate entities as may be necessary to facilitate compliance with the HIPAA Requirements.

XI. Miscellaneous

a. Transferability

Should ESI be acquired by, merged with, or acquire another entity or otherwise assign or transfer this Contract or any interest herein to another entity, this Contract may be terminated immediately at the election of the A&M System. Whether or not the A&M System elects to terminate this Contract as a result of such a transaction on the part of ESI, any assignee of or legal successor in interest to ESI shall retain all obligations of ESI to the A&M System, as provided under this Contract, as if the same had been expressly entered into by or wholly conveyed to, the assignee or successor in interest.

Furthermore, without contravening Applicable Law, ESI agrees to provide the A&M System reasonable advance notice prior to the effective date of any merger, acquisition, business reorganization, or other change of ESI management or ownership. The A&M System agrees to maintain the confidentiality of such information in accordance with the terms of Section XI(h) hereof.

b. Assignment and Subcontracting

This Contract may not be assigned by either party without the prior written approval of the other party; provided, however, that services to be performed by ESI hereunder may be performed by its subsidiaries, affiliates, divisions and/or designees. The duties and obligations of ESI will be binding upon its subsidiaries, affiliates, divisions and/or designees. The duties and obligations of the parties will be binding upon, and inure to the benefit of, successors, assigns, or merged or consolidated entities of the parties.

c. Fraud and Incorrect Billing/Payments

1. ESI agrees to maintain the comprehensive system for the detection and prevention of fraud, abuse and similar improprieties as described in the Proposal. This comprehensive system shall be designed not only to detect and to eliminate intentionally perpetrated fraud, but also to detect and to eliminate other improprieties such as overcharges; abuse; overpayments; unnecessary, extensive or improper care, treatments or procedures; unreasonably long delays for Members to obtain benefits;

and deceptive, duplicative or suspicious billings. Fraud, abuse or an impropriety includes, but is not necessarily limited to:

- A. Presenting, or causing to be presented to ESI, a claim that contains a statement or representation that the presenting person or entity knows or reasonably believes to be false;
 - B. Failure or refusal by ESI to provide information required to be provided to the A&M System by Applicable Law or this Contract; and
 - C. Actions that indicate a pattern of wrongful denial of payment by ESI for a benefit or coverage that ESI is required to provide under this Contract or Applicable Law, or actions that indicate a pattern of wrongful payment by ESI.
2. ESI shall provide quarterly reports to the A&M System regarding such fraud, abuse and improprieties and the A&M System or its designated representatives shall have reasonable access to all documents related to the A&M System. ESI agrees that it will assist fully, when necessary, the A&M System, the Office of the Attorney General, and/or the State or law enforcement authorities in the imposition of administrative and civil remedies and/or criminal prosecution of those individuals or entities who have engaged in the commission of fraud, abuse or improprieties regarding the services provided under this Contract. This Paragraph "c" survives the expiration or termination of this Contract.

d. Indemnification

ESI, to the fullest extent permitted by law, shall and does hereby agree to indemnify, protect, and hold harmless the A&M System and its respective affiliated enterprises, regents, officers, directors, employees, representatives and agents (collectively, "indemnitees") from and against all damages, losses, liens, causes of action, suits, judgments, expenses (including reasonable attorneys' fees), and other claims of any nature, kind, or description (collectively, "claims") by any person or entity, arising out of caused by, or resulting from ESI's performance under this Contract and which are caused in whole or in part by any negligent act, negligent omission or willful misconduct of ESI, its employees, agents and representatives or anyone for whose acts ESI may be liable. The provisions of this section shall not be construed to eliminate or reduce any other indemnification or right which any indemnitee has by law.

Notwithstanding the foregoing, ESI or any affiliated company, or their directors, officers, or employees, will not be responsible for any claims, losses or damages sustained as a result of the provision of or failure to provide pharmaceutical goods or services or any other action or failure to act by any retail pharmacy, pharmaceutical manufacturer or other pharmaceutical provider pursuant to this Contract, or for the acts or omissions or willful misconduct of the A&M System.

The indemnification contained in this Paragraph "d" shall survive the expiration or termination of this Contract.

e. Intellectual Property Indemnification

ESI will indemnify, defend, and hold harmless the State of Texas and the A&M System against any action or claim brought against the State of Texas or A&M System that is based on a claim that any of the services provided by ESI under this Contract infringes or misappropriates any patent rights, copyright rights, trademarks, or trade secrets.

The indemnification contained in this Paragraph “e” shall survive the expiration or termination of this Contract.

f. Cumulation of Remedies

All remedies available to either party are cumulative and may be exercised concurrently or separately, and the exercise of any one remedy shall not be deemed an election of such remedy to the exclusion of other remedies.

g. Force Majeure

Neither party hereto shall be liable or responsible to the other for any loss or damage or for any delays or failure to perform due to causes beyond its reasonable control including, but not limited to, acts of God, strikes, epidemics, war, riots, flood, fire, sabotage, or any other circumstances of like character (each, a “Force Majeure Event”); provided, however, if the Force Majeure Event continues for a period of more than sixty (60) days, either party may terminate this Contract upon written notice to the other party, with such termination effective thirty (30) days following notice.

h. Confidential Information

Each party recognizes and acknowledges that, by virtue of entering into this Contract and performing their respective obligations hereunder, each party may have access to certain information of the other party that is confidential and constitutes proprietary, valuable, special and unique property of the other party. To the extent allowed by the laws and Constitution of the State of Texas without regard to its conflicts of law statutes or principles, the parties agree that they shall not at any time, either during or subsequent to the Term of this Contract, disclose to others, use, copy or permit to be copied, without the express prior written consent of the other party whose confidential information is so disclosed or used, except pursuant to the performance of such party’s duties hereunder, any confidential or proprietary information of the other party. Any information owned by either party shall remain the property of the disclosing party, including, but not limited to the following: (i) with respect to ESI: ESI’s reporting and other web-based applications, eligibility and adjudication systems, system formats and databanks, clinical or formulary management operations or programs, fraud, waste and abuse tools and programs, anonymized claims data (de-identified in accordance with HIPAA); ESI Specialty Pharmacy and ESI Mail Pharmacy data; information and contracts relating to Rebates and Manufacturer Administrative Fees, prescription drug evaluation criteria, drug pricing information, and Participating Pharmacy agreements; and (ii) with respect to A&M System: A&M System and Member identifiable health information and data, Eligibility Files, Set-Up Form information, business operations and strategies.

i. The Public Information Act

1. ESI acknowledges that the A&M System is obligated to strictly comply with the Texas Public Information Act, Chapter 552, *Texas Government Code* (“Act”), in responding to any request for public information pertaining to this Contract, as well as any other disclosure of information required by applicable Texas law. Any disclosures of information maintained, collected, or assembled by ESI in connection with the transaction of official business of the A&M System must be authorized by the A&M System. ESI will instruct its employees that any release of the A&M System’s records may be authorized only by the A&M System, and will be in accordance with the laws of the State of Texas. If ESI receives such a request for information, ESI shall send a copy of same to the A&M System by email at employeebenefits@tamus.edu no later than one business day after ESI’s receipt of the request, so that the A&M System can determine if a disclosure is required under the Act. ESI shall maintain the confidentiality of all information and materials submitted to it by virtue

of this Contract and all information and documentation received and claims paid pursuant to this Contract, except as is necessary for ESI to perform its duties under this Contract. Neither ESI nor any of its affiliates thereof shall use or permit to be used or transmitted to others any information obtained as a result of ESI's duty to an affiliate or any affiliate's duties to ESI without the written consent of the A&M System, except as is necessary for ESI to perform its duties under this Contract.

2. Upon the A&M System's written request, and at no cost to the A&M System, ESI will provide specified public information (as such term is defined in Section 552.002 of the Act) exchanged or created under this Contract that is not otherwise excepted from disclosure under the Act to the A&M System in a non-proprietary format acceptable to the A&M System that is accessible by the public.
3. ESI acknowledges that the A&M System may be required to post a copy of the fully executed Contract on its Internet website in compliance with Section 2261.253(a)(1) of the Act. Exhibit F identifies any data that ESI believes to be confidential or proprietary which has been included in this Contract or in any exhibits or documents incorporated by reference, including the Proposal and the Clarifications. ESI reserves the right to designate additional information as confidential and/or proprietary under the Act. The A&M System agrees to notify ESI of the A&M System's receipt of requests under the Act for any information noted in Exhibit F of this Contract and designated by ESI as confidential and/or proprietary under the Act, in order to afford ESI the opportunity to advocate that the information is exempted and excluded under the Act. The A&M System acknowledges that the audit papers of the Auditor and the A&M System may be excepted from disclosure under the Act. The A&M System agrees to comply with the Act, specifically including the notice provision of section 552.305 regarding Information Involving Privacy or Property Interests of Third Party and with 552.116 regarding Audit Working Papers. Nothing herein will limit or prevent ESI from independently seeking a protective order or otherwise seeking, as permitted by law, from preventing the disclosure of ESI's confidential or proprietary information subject to a request made under the Act.
4. Pursuant to Section 552.372, *Texas Government Code*, ESI must (1) preserve all contracting information, as defined under Section 552.003 (7), *Texas Government Code*, related to this Contract for the duration of this Contract as provided by the A&M System's records retention requirements; (2) promptly provide the A&M System with any contracting information related to this Contract that is in the custody or possession of ESI on request of the A&M System; and (3) on completion of this Contract, either (a) provide at no cost to the A&M System all contracting information related to this Contract that is in the custody or possession of ESI, or (b) preserve the contracting information related to this Contract for seven years after the conclusion of this Contract as provided by the A&M System's records retention requirements. Furthermore, the requirements of Subchapter J, Chapter 552, *Texas Government Code*, may apply to this Contract, and ESI agrees that this Contract can be terminated if ESI knowingly or intentionally fails to comply with a requirement of that Subchapter J.

j. Eligibility Certification

1. The A&M System cannot award a contract if such contract includes proposed financial participation by a person who received compensation from the agency to participate in preparing the specifications or request for proposals on which the bid or contract is based. Pursuant to Section 2155.004, *Texas Government Code*, ESI certifies that it is not ineligible to receive the award of or payments under this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.

2. The A&M System cannot award a contract if such contract involves financial participation by a person who, during the previous five years, has been convicted of violating federal law or assessed a penalty in a federal, civil, or administrative enforcement action in connection with a contract awarded by the federal government for relief, recovery, or reconstruction efforts as a result of Hurricane Rita, Hurricane Katrina or any other disaster occurring after September 24, 2005. Pursuant to Section 2155.006, *Texas Government Code*, ESI certifies that it is not ineligible to receive this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.
3. The A&M System cannot award a contract if such contract includes financial participation by a person, who, during the five-year period preceding the date of the contract, has been convicted of any offense related to the direct support or promotion of human trafficking. Under Section 2155.0061, *Texas Government Code*, ESI certifies that it is not ineligible to receive this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.
4. ESI represents and warrants that it is not engaged in business with Iran, Sudan, or a foreign terrorist organization, as prohibited by Section 2252.152, *Texas Government Code*. ESI acknowledges this Contract may be terminated immediately if this certification is inaccurate.

k. Tax Compliance

Under Section 403.055, *Texas Government Code*, in the event ESI is indebted to the State or delinquent in paying any taxes owed the State at the time this Contract is entered into, ESI agrees that any payment owed to ESI under this Contract shall first be applied toward the debt or delinquent taxes that ESI owes the State until the debt or delinquent taxes are paid in full.

l. Franchise Tax Certification

ESI certifies that it is not currently delinquent in the payment of any franchise taxes due under Chapter 171 of the *Texas Tax Code*, or that it is exempt from the payment of such taxes, or that it is an out-of-state corporation or limited liability company that is not subject to the Texas franchise tax, whichever is applicable.

m. Relationship of the Parties

Neither party shall be construed, represented or held out to be an agent, partner, associate, joint venture, or employee of the other. ESI shall at all times have the status of an independent contractor.

n. Captions

The captions of sections and subsections in this Contract are for convenience only and shall not be considered or referred to in resolving questions or interpretation or construction.

o. Waivers

1. No delay or omission by either of the parties hereto in exercising any right or power accruing upon the non-compliance or failure of performance by the other party hereto of any of the provisions of this Contract shall impair any such right or power or be construed to be a waiver thereof. A waiver by either of the parties hereto of any of the covenants, conditions or agreements hereof to be performed by the other party hereto shall not be construed to be a waiver of any subsequent breach thereof or any other covenant, condition or agreement herein contained.

2. The A&M System is an agency of the state of Texas and under the Constitution and the laws of the state of Texas possesses certain rights and privileges, is subject to certain limitations and restrictions, and only has authority as is granted to it under the Constitution and the laws of the state of Texas. ESI expressly acknowledges that the A&M System is an agency of the state of Texas, and nothing in this Contract will be construed as a waiver or relinquishment by the A&M System of its right to claim such exemptions, remedies, privileges, and immunities as may be provided by law.

p. Conflicts of Interest Policy

ESI has reviewed and agrees to abide by the A&M System's Conflicts of Interest Policy as of the Effective Date to the extent applicable to vendors and agrees that neither it nor its employees, agents, representatives or subcontractors will assist or cause A&M System employees to violate the A&M Systems Conflicts of Interest Policy or other applicable state ethics laws or rules. The A&M System's Conflicts of Interest Policy is available at <http://policies.tamus.edu/07-03.pdf> and its Ethics Policy is available at <http://policies.tamus.edu/07-01.pdf>.

By executing this Contract, ESI certifies that, to the best of its knowledge and belief, no member of the A&M System or Board of Regents, nor any employee, or person, whose salary is payable in whole or in part by the A&M System, has direct or indirect financial interest in the award of this Contract, or in the services to which this Contract relates, or in any of the profits, real or potential, thereof.

q. Debt or Delinquency Owed to State of Texas

ESI agrees that in accordance with Section 2107.008 and 2252.903, *Texas Government Code*, that any payments due and owing to ESI under this Contract may be applied directly toward any debt or delinquency that ESI owes the State of Texas or any agency of the State of Texas, until such debt or delinquency is paid in full.

r. Texas Family Code Child Support Certification

A child support obligor who is more than 30 days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent is not eligible to receive payments from state funds under an agreement to provide property, materials, or services until all arrearages have been paid or the obligor is in compliance with a written repayment agreement or court order as to any existing delinquency. Pursuant to Section 231.006, *Texas Family Code*, ESI certifies that it is not ineligible under Section 231.006, *Family Code* to receive payment under this Contract and acknowledges that this Contract may be terminated and payment withheld if the certification is inaccurate.

s. Access by Individuals with Disabilities

ESI represents and warrants that the electronic and information resources and all associated information, documentation, and support that it provides to the A&M System under this Contract (collectively, "EIRs") fully complies with the applicable requirements set forth in Title I, Chapter 213 of the *Texas Administrative Code*, and Title 1, Chapter 206, Rule §206.70 of the *Texas Administrative Code* (as authorized by Chapter 2054, Subchapter M of the *Texas Government Code*) ("EIR Accessibility Warranty"). To the extent that ESI becomes aware that the EIRs, or any portion thereof, do not comply with the EIR Accessibility Warranty, ESI warrants that it will, at no cost to the A&M System, either perform all necessary remediation to make the EIRs satisfy the EIR Accessibility Warranty or replace the EIRs with new EIRs that satisfy the EIR Accessibility Warranty.

ESI further warrants and represents that until such time as ESI comes into full compliance with the EIR Accessibility Warranty, ESI will, at no cost to the A&M System or any Member, ensure that all information and services that are available from ESI to an A&M System employee or any Member under this Contract

(collectively, "Users"), through electronic and information resources under this Contract but that are not accessible by a User of those electronic and information resources due to a disability of the User, which lack of accessibility would constitute a violation of the EIR Accessibility Warranty, shall be promptly and conveniently made available to that User by ESI through an appropriate alternate delivery method, including, but not limited to, a ESI dedicated customer service phone line.

If ESI fails to comply with this provision of the Contract, then the A&M System may terminate this Contract upon forty-five (45) days' advance written notice.

t. Cybersecurity Training Program

Pursuant to Section 2054.5192, Texas Government Code, ESI and its employees, officers, and subcontractors who have access to the A&M System's computer system and/or database must complete a cybersecurity training program certified under Section 2054.519, Texas Government Code, and selected by the A&M System. The cybersecurity training program must be completed by ESI and its employees, officers, and subcontractors during the Term and any renewal period of this Contract. ESI shall verify completion of the program in writing to the A&M System within the first ninety (90) calendar days of the Term and any renewal period of this Agreement. ESI acknowledges and agrees that its failure to comply with the requirements of this Section are grounds for the A&M System to terminate this Agreement for cause in accordance with the provisions of Section XI(b) of this Agreement.

u. Access to Agency Data

Pursuant to Section 2054.138, Texas Government Code, ESI shall implement and maintain appropriate administrative, technical, and physical security measures, including without limitation, the security controls listed in the BAA attached hereto as Exhibit J (the "Security Controls"), to safeguard and preserve the confidentiality, integrity, and availability of the A&M System's data. ESI shall periodically provide the A&M System with evidence of its compliance with the Security Controls within thirty (30) days of the A&M System's request.

v. Loss of Funding

Performance by the A&M System under this Contract may be dependent upon the appropriation and allotment of funds by the Texas State Legislature ("Legislature") and/or the allocation of funds by the Board of Regents of The Texas A&M University System ("Board of Regents"). If the Legislature fails to appropriate or allot the necessary funds for purposes of this Contract, or the Board of Regents fails to allocate the necessary funds for purposes of this Contract, the A&M System may terminate the Contract without further duty or obligation hereunder. The A&M System shall use good faith efforts to monitor and keep ESI apprised of such potential appropriation and funding issues. ESI acknowledges that appropriation, allotment and allocation of funds are beyond the control of the A&M System. If sufficient appropriation or allotment of funds is not made, ESI is not obligated to perform under this Contract.

w. No Sale or other Disclosure of System Personally Identifiable Data

ESI understands and agrees that is shall not sell or otherwise receive or arrange to receive anything of value in exchange for providing any personally identifiable data, including Protected Health Information, collected, accessed or created by ESI or its agents, employees, network pharmacies or subcontractors pursuant to this Contract relating to a Member in the A&M System's Plan.

x. Products and Materials Produced in Texas

ESI agrees that in accordance with Section 2155.4441, *Texas Government Code*, in performing its duties and obligations under this Contract, ESI will use commercially reasonable efforts to purchase products and materials produced in Texas when such products are available at a price and delivery time comparable to materials produced outside of Texas and to the extent that it will not affect ESI's business operations or interfere with its existing purchasing obligations.

y. Notice

Any notice required or permitted under this Contract must be in writing, and shall be deemed to be delivered (whether actually received or not) when deposited with the United States Postal Service, postage prepaid, certified mail, return receipt requested, and addressed to the intended recipient at the address set out below. Notice may also be given by regular mail, personal delivery, or courier delivery, and will be effective when actually received. The A&M System and ESI can change their respective notice address by sending to the other party a notice of the new address. Notices should be addressed as follows:

ESI: Express Scripts, Inc.
Attn: President
One Express Way
St. Louis, Missouri 63121
With copy to Legal Department
Fax No. (800) 417-8163

A&M System: Judy Cato
Director, System Benefits Administration
The Texas A&M University System
301 Tarrow Street
College Station, Texas 77840

z. Dispute Resolution

ESI shall use the dispute resolution process provided in Chapter 2260, *Texas Government Code*, and the related rules adopted by the Texas Attorney General to attempt to resolve any claim for breach of contract made by ESI that cannot be resolved in the ordinary course of business. ESI shall submit written notice of a claim of breach of contract under this Chapter to the Executive Vice Chancellor and Chief Financial Officer, who will examine ESI's claim and any counterclaim and negotiate in good faith with ESI in an effort to resolve the claim based on commercially reasonable terms. This provision and nothing in this Contract waives the A&M System's sovereign immunity to suit or liability, and the A&M System has not waived its right to seek redress in the courts.

aa. ESI Certification regarding Boycotting Israel

Pursuant to Chapter 2270, *Texas Government Code*, ESI certifies ESI (1) does not currently boycott Israel; and (b) will not boycott Israel during the Term of this Contract. ESI acknowledges this Contract may be terminated and payment withheld if this certification is inaccurate.

bb. Severability

In case any one or more of the provisions contained in this Contract shall, for any reason, be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any

other provisions hereof, and this Contract shall be construed as if such invalid, illegal, and unenforceable provision had never been contained herein.

cc. Subcontracting.

A&M System acknowledges and agrees that ESI may perform certain services hereunder (e.g., mail service pharmacy and specialty pharmacy services) through one or more ESI subsidiaries, affiliates, or designees. ESI acknowledges that such subcontracts may require the use of Historically Underutilized Businesses (“HUB”) and compliance with Texas HUB Subcontracting Plans (“HSP”) requirements. Should ESI subcontract any of the goods or services required in this Contract, ESI expressly understands and acknowledges that in entering into such subcontract(s), the A&M System is in no manner liable to any subcontractor(s) of ESI. In no event shall this provision relieve ESI of the responsibility for ensuring that the goods or services to be performed under all subcontracts are rendered in compliance with this Contract.

dd. Insurance Requirements

ESI shall obtain and maintain, for the duration of this Contract, the minimum insurance coverage set forth below. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Contract. If coverage is written on a claims-made basis, ESI agrees to continue purchasing said coverage or purchase an Extended Reporting Period Endorsement, effective for no less than two (2) full years following the expiration of this Contract. All coverage shall be underwritten by companies authorized to do business in the State of Texas or eligible surplus lines insurers operating in accordance with the Texas Insurance Code and have a financial strength rating of A- or better and a financial strength rating of VII or better as measured by A.M. Best Company at the inception of each policy. By requiring such minimum insurance, the A&M System shall not be deemed or construed to have assessed the risk that may be applicable to ESI under this Contract. ESI shall assess its own risks and if it deems appropriate and/or prudent, maintain higher limits and/or broader coverage. ESI is not relieved of any liability or other obligations assumed pursuant to this Contract by reason of its failure to obtain or maintain insurance in sufficient amounts, duration, or types. No policy will be canceled without written notice to A&M System at least ten days before the effective date of the cancellation unless said policy is immediately replaced by a substantially similar insurance program without a disruption of coverage while continuing to meet the requirements herein.

1. Workers’ Compensation

Coverage

Statutory Benefits (Coverage A)
Employers Liability (Coverage B)

Limit

Statutory
\$1,000,000 Each Accident
\$1,000,000 Disease/Employee
\$1,000,000 Disease/Policy Limit

Workers’ Compensation policy must include under Item 3.A. on the information page of the workers’ compensation policy the state in which work is to be performed for A&M System. Workers’ compensation insurance is required, and no “alternative” forms of insurance will be permitted.

2. Automobile Liability

Business Auto Liability Insurance covering all owned, non-owned or hired automobiles, with limits of not less than \$1,000,000 Single Limit of liability per accident for Bodily Injury and Property Damage.

3. Commercial General Liability

Each Occurrence Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products / Completed Operations	\$1,000,000
Personal / Advertising Injury	\$1,000,000
Damage to rented Premises	\$ 300,000
Medical Payments	\$ 5,000

The required commercial general liability policy will be issued on a form that insures ESI's liability for bodily injury (including death), property damage, personal and advertising injury assumed under the terms of this Contract.

4. Professional Liability (Errors & Omissions)

Insurance with limits of not less than \$1,000,000 each occurrence, \$2,000,000 aggregate. Such insurance will cover all medical professional services rendered by or on behalf of ESI under this Contract. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Contract. If coverage is written on a claims-made basis, ESI agrees to continue purchasing said coverage or purchase an Extended Reporting Period Endorsement, effective for no less than two (2) full years after the expiration or cancellation of this Contract. No professional liability policy written on an occurrence form will include a sunset or similar clause that limits coverage unless such clause provides coverage for at least two (2) years after the expiration of cancellation of this Contract.

5. Cyber Liability

Cyber Liability insurance with limits of not less than \$2,000,000 for each occurrence or annual aggregate to cover liability arising out of ESI's failure to protect any information deemed confidential by any applicable or governing law, statute or regulation.

ESI will deliver to A&M System, evidence of insurance on a Texas Department of Insurance approved certificate form verifying the existence of all insurance required herein after the execution and delivery of this Contract. Additional evidence of insurance will be provided on a Texas Department of Insurance approved certificate form verifying the continued existence of all required insurance no later than thirty (30) days after each annual insurance policy renewal.

ESI is responsible to pay any deductible or self-insured retention for any loss. All deductibles and self-insured retentions will be shown on the Certificates of Insurance.

Certificates of Insurance as required by this Contract will be mailed, faxed, or emailed to the following A&M System contact:

Charles Longoria, Associate Director
The Texas A&M University System
301 Tarrow Street, 5th Floor
College Station, Texas 77840

Fax: 979.458.6247
Email: CLongoria@tamus.edu

The insurance coverage required by this Contract will be kept in force until all services have been fully performed and accepted by A&M System in writing.

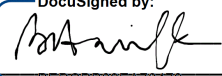
IN WITNESS WHEREOF, The A&M System and ESI have executed this Contract.

EXPRESS SCRIPTS, INC.

THE TEXAS A&M UNIVERSITY SYSTEM

DS


DocuSigned by:
By: Grace Allen
B0AE8A83027940E...

DocuSigned by:
By: 
BEDCDB89EA78479...

Name: Billy Hamilton
Title: Executive Vice Chancellor & CFO

Date: 05/06/2022 | 4:58 PM CDT

Date: 5/5/2022 | 4:47:11 CDT

EXHIBITS

- Exhibit A REQUEST FOR PROPOSAL for Self-Insured Employee Group Prescription Drug Plan Administration, RFP Number RFP01 SBA-21-098

- Exhibit B ESI’s Proposal Response to the A&M System’s RFP Number RFP01 SBA-21-098

- Exhibit C Program Pricing Terms
 - Exhibit C-1 – Billing, Payment, and Miscellaneous Pricing Terms

 - Exhibit C-2 – Claims Reimbursement Rates

 - Exhibit C-3 - Rebates

 - Exhibit C-4 - Administrative Services and Clinical Program Fees

- Exhibit D Specialty Drugs under the Mail Order Pharmacy Program

- Exhibit E Clarifications to ESI’s Proposal, to include: 1) Responses to RFP follow up questions and supporting documentation dated April 2, 2024.

- Exhibit F Proprietary and Confidential Information

- Exhibit G Scope of Services

- Exhibit H Employer-Only Sponsored Group Waiver Plan (EGWP) Addendum

- Exhibit I Audit Protocol

- Exhibit J HIPAA Business Associate Agreement

- Exhibit K HealthConnect360 Three Party Agreement

EXHIBIT A

REQUEST FOR PROPOSAL for Self-Insured Employee Group Prescription Drug Plan Administration
RFP Number RFP01 SBA-21-098

On File with the A&M System

EXHIBIT B

ESI's Proposal Response to the A&M System's RFP Number RFP01 SBA-21-098

On File with the A&M System

**EXHIBIT C
PROGRAM PRICING TERMS**

Exhibit C-1

Billing, Payment, and Miscellaneous Pricing Terms

Exhibit C-2

Claims Reimbursement Rates

Exhibit C-3

Rebates

Exhibit C-4

Administrative Services and Clinical Program Fees

Exhibit C-1
Billing and Miscellaneous Pricing Terms

1. **BILLING AND PAYMENT.**

- a. **Billing.** ESI will invoice A&M System: (i) bi-weekly for Claims Reimbursements (as defined in Exhibit G); and (ii) on a monthly basis for the Administrative Fees (as defined in Exhibit G).
- b. **Payment.** A&M System will pay ESI by wire, ACH transfer or pre-authorized debit within two (2) days from the date of A&M System's receipt of each ESI invoice. A&M System will be responsible for all costs of collection, and agrees to reimburse ESI for such costs and expenses, including reasonable attorneys' fees. All amounts not paid by the due date thereof will bear interest at the rate of 1.5% per month or, if lower, the highest interest rate permitted by law. ESI may apply amounts otherwise owed to A&M System against any unpaid Fees.
- c. **Deposit.** If, at any time: (i) Sponsor has two or more invoices past due and outstanding, or (ii) ESI has reasonable grounds to believe Sponsor may be delinquent in payment of fees based on Sponsor's financial data (e.g., persistent negative cash flow, bankruptcy or insolvency), ESI may require that the Sponsor provide to ESI a deposit in an amount equal to the average of the last three (3) months of billing history as the basis for determining the one (1) month deposit amount or, if three (3) months billing history is not available, the most recent month of billing history as the basis. ESI will retain the deposit until the earlier of termination of this Agreement (following any run-off period), or six (6) consecutive months of timely payments of all Fees following submission of the deposit, and may apply the deposit to delinquent fees until return of the deposit.

2. **PHARMACY MANAGEMENT FUND ("PMF")**

- a. ESI will provide up to \$5.00 per Member implemented as of the Effective Date to reimburse the actual, fair market value of: (i) expense items and services related to transitioning, administering, and implementing the pharmacy benefit initially and throughout the Term, such as, custom ID Cards, IT programming, custom formulary letters, member communications, and benefit set-up quality assurance; and/or (ii) mutually agreed upon expense items and services related to implementation of additional clinical or other similar programs provided by ESI throughout the Term; in either case subject to submission of adequate documentation to support reimbursement within 180 days of incurring the applicable expense. Both A&M System and ESI (upon agreement from A&M System) may use the PMF to cover the fair market value of expenses for projects requiring joint resources. All reimbursement under the PMF is subject to ESI's standard PMF business practices for all clients.
- b. A&M System represents and warrants that: (i) it will only request reimbursement under the PMF for its actual expenses incurred in transitioning, administering, and implementing the pharmacy benefit managed by ESI hereunder, and/or the additional clinical or other similar programs provided by ESI throughout the Term; (ii) that the applicable service, item or program was actually performed or provided; and (iii) the amount of the reimbursement is equal to or less than the reasonable fair market value of the actual expenses incurred by A&M System. In addition, A&M System agrees to notify and disclose the amount and the terms of any PMF reimbursements to Members and other third parties to the extent required by applicable laws and regulations.
- c. A&M System shall comply with all applicable federal and state requirements, including, but not limited to, all applicable federal and state reporting requirements with respect to any expense, item or service reimbursed under this Section. If ESI has a reasonable basis to believe that the A&M System is not in compliance with the PMF requirements set forth in this Contract, ESI reserves the right to audit the books and records of A&M System, during normal business hours and after giving reasonable advance notice of at least thirty (30) days, for the sole purpose of verifying A&M System's compliance with the PMF requirements set forth in this Contract.

- d. ESI intends to amortize the PMF over the Initial Term of the Contract on a straight-line basis. In the event of a termination of this Contract for any reason other than ESI's uncured material breach prior to the expiration of the Initial Term, A&M System will reimburse ESI an amount equal to any paid but unamortized portion of the PMF. Reimbursement to ESI by A&M System pursuant to this Section will not be in lieu of any other rights or remedies ESI may have in connection with the termination of this Contract, including monetary or other damages. PMF reimbursements shall not be paid prior to the Effective Date of this Agreement and are not payable until this Contract is executed. A&M System will have no right to interest on, or the time value of, any PMF, and unused funds shall be retained by ESI.
3. **MARKET CHECK.** Following the initial 18 months of the Contract, A&M System or its designee may provide ESI with a written comparison, prepared by an independent pharmacy benefit management consultant, for pharmacy benefit management services offered by a third party PBM provider which includes and takes into account similar plan design, Formulary, clinical and trend programs, retail pharmacy, mail pharmacy, and specialty pharmacy mix and utilization, demographics and other relevant factors necessary to provide an appropriate comparison ("System's Current Market Price"). System's Current Market Price will be measured on the basis of a total, aggregate comparison of the pricing terms offered by a single vendor to a single plan, and not on the basis of individual or best price points available from multiple vendors to a single plan or a single vendor to multiple plans. A copy System's Current Market Price analysis prepared by the consultant will be submitted to both A&M System and ESI. The consultant will also provide a reasonably detailed description of the methods and assumptions used in the analysis including the methods and assumptions related to the calculation of the individual pricing components and the Net Plan Costs, as defined below. ESI shall have a reasonable opportunity (i.e., not less than fifteen (15) business days) to evaluate System's Current Market Price. If the comparison analysis concludes that System's Current Market Price would yield an annual three percent (3%) or more savings of "Net Plan Costs" (with Net Plan Costs defined as the sum of the cost of Covered Drugs, dispensing fees, and claims Administrative Fees, less Rebates received by A&M System) under the Contract, then the parties shall negotiate in good faith a modification of the pricing terms herein. The revised pricing terms will become effective on the first day of the contract year following the issuance of the report or sixty (60) days following a fully executed amendment or agreement memorializing the revised pricing terms, whichever is later. The market check shall be at A&M System's expense, except that ESI shall be responsible for its costs related to responding to the market check.
4. **PRICING CONDITIONS.** In the event one or more of the following occurs (whether between the date of the proposal and the Effective Date, or during the Term), ESI will have the right, upon notice, to make an equitable adjustment to the rates, Administrative Fees, and/or Rebates (as defined in Exhibit G) listed on Exhibits C-2, C-3, and C-4, solely as necessary to return ESI to its contracted economic position as of the effective date of such event:
- a. A&M System's Membership falls below 26,000 Members;
 - b. A&M System has Members enrolled in a 100% co-payment plan (i.e., plans where A&M System has no liability for the payment of pharmacy claims);
 - c. A&M System has greater than 10.00% of total utilization for all Plans attributable to a consumer driven health plan (CDHP);
 - d. There is a material change in the demographics of A&M System's Membership, or in the A&M System's pharmacy or drug mix, compared to data provided by A&M System;
 - e. A&M System changes its Formulary (as defined in Exhibit G), benefit designs, implements over-the-counter ("OTC") plans, clinical or trend programs or otherwise takes an action that has the effect of lowering the amount of Rebates earned hereunder or materially impacting any guarantee;
 - f. A&M System elects to use on-site clinics or pharmacies to dispense prescription drugs to Members which materially reduces Rebates and/or the number of Covered Drug (as defined in Exhibit G) claims submitted to ESI; or
 - g. There is a material change to the manner in which AWP (as defined in Exhibit G) is calculated or

reported for Brand Drugs (as defined in Exhibit G) and/or Generic Drugs (as defined in Exhibit G).

Further, if ESI's ability to provide the financial terms herein are adversely affected due to Brand Drugs moving off- patent to generic status, due to another action by a drug manufacturer, due to any other industry or market condition, or due to a Change in Law (as defined in Exhibit G), an appropriate adjustment will be made to the reimbursement rates, financial guarantees, Administrative Fees, and/or Rebates listed on Exhibits C-2, C-3, and C-4.

A&M System data from 2020 was used to build the pricing for the Proposal. A&M System acknowledges and agrees such data may not accurately represent future claims utilization as 2020 utilization was impacted by the SARS-CoV-2 global pandemic. Therefore, if A&M System's utilization materially differs from the data provided as part of the RFP and such change impacts ESI's ability to meet contractual guarantees under this Contract, ESI will notify A&M System, and the parties will engage in good faith negotiations to equitably adjust the rates, Administrative Fees and/or Rebates listed on Exhibits C-2, C-3, and C-4, solely as necessary to return ESI to its contracted economic position. For the avoidance of doubt, any adjustment to the rates, Administrative Fees and/or Rebates listed on Exhibits C-2, C-3, and C-4 must be in the form of a written amendment to this Contract signed by authorized representatives of both parties. In the event the parties cannot come to agreement on any adjustment to the rates, Administrative Fees and/or Rebates listed on Exhibits C-2, C-3, and C-4, either party may terminate this Contract without cause by giving the other party ninety (90) days' written notice.

Exhibit C-2
Claims Reimbursement Rates

A&M System will pay to ESI for each Prescription Drug Claim (as defined in Exhibit G) dispensed or processed pursuant to the terms of this Contract. Sales or excise tax or other governmental surcharge, if any, will be the responsibility of A&M System.

1. BASE ADMINISTRATIVE FEES.

1.1. A&M System will pay ESI the following base Administrative Fees under this Contract. These shall be in addition to any other Administrative Fees set forth in this Contract.

	Per Employee Per Month
Commercial	\$1.25
	Per Member (Enrollee) Per Month
EGWP Plus Fee	\$7.85
Broad Performance Medicare Network Fee	\$0.86

2. PARTICIPATING PHARMACY AND ESI MAIL PHARMACY AVERAGE AGGREGATE ANNUAL INGREDIENT COST AND DISPENSING FEE GUARANTEES (DOES NOT APPLY TO SPECIALTY PRODUCTS).

2.1. **Commercial Participating Pharmacy Ingredient Cost and Dispensing Fee Guarantees**

a. **ESI National Plus Network**

National Plus Network Smart90 Walgreens 35K Essential (Voluntary)		1-30 Days' Supply	31-90 Days' Supply
Brands	Average Annual Ingredient Cost Guarantee	9/1/21-8/31/22: AWP-19.50% 9/1/22-8/31/23: AWP-19.75% 9/1/23-8/31/24: AWP-20.00%	9/1/21-8/31/22: AWP-24.60% 9/1/22-8/31/23: AWP-24.70% 9/1/23-8/31/24: AWP-24.80%
	Dispensing Fee/Rx Guarantee	9/1/21-8/31/22: \$0.50 9/1/22-8/31/23: \$0.50 9/1/23-8/31/24: \$0.50	9/1/21-8/31/22: \$0.10 9/1/22-8/31/23: \$0.10 9/1/23-8/31/24: \$0.10
Generics	Average Annual Ingredient Cost Guarantee	9/1/21-8/31/22: AWP-84.25% 9/1/22-8/31/23: AWP-84.50% 9/1/23-8/31/24: AWP-84.75%	9/1/21-8/31/22: AWP-87.75% 9/1/22-8/31/23: AWP-88.00% 9/1/23-8/31/24: AWP-88.25%
	Dispensing Fee/Rx Guarantee	9/1/21-8/31/22: \$0.50 9/1/22-8/31/23: \$0.50 9/1/23-8/31/24: \$0.50	9/1/21-8/31/22: \$0.10 9/1/22-8/31/23: \$0.10 9/1/23-8/31/24: \$0.10

2.2. **Medicare Participating Pharmacy Ingredient Cost and Dispensing Fee Guarantees**

a. **ESI Medicare Network**

ESI Medicare Network with EGWP 90 Maintenance (Walgreens) ¹		1-30 Days' Supply	31-90 Days' Supply
Brands	Average Annual Ingredient Cost Guarantee	9/1/21-12/31/21: AWP-17.60%	9/1/21-12/31/21: AWP-23.10%
	Dispensing Fee/Rx Guarantee	9/1/21-12/31/21: \$0.51	9/1/21-12/31/21: \$0.00

Generics	Average Annual Ingredient Cost Guarantee	9/1/21-12/31/21: AWP-85.50%	
	Dispensing Fee/Rx Guarantee	9/1/21-12/31/21: \$0.51	9/1/21-12/31/21: \$0.00

¹The EGWP ESI Medicare Network and Broad Performance Network guarantees for the 9/1/21-12/31/22 (16 months) period will be reconciled one time as a single 16-month guarantee.

Broad Performance Medicare Network¹		1-30 Days' Supply	31-90 Days' Supply
Brands	Average Annual Ingredient Cost Guarantee¹	1/1/22-12/31/22: AWP-21.80% 1/1/23-12/31/23: AWP-22.15% 1/1/24-12/31/24: AWP-22.30%	AWP-25.50%
	Dispensing Fee/Rx Guarantee	1/1/22-12/31/22: \$0.50 1/1/23-12/31/23: \$0.50 1/1/24-12/31/24: \$0.50	1/1/22-12/31/22: \$0.10 1/1/23-12/31/23: \$0.10 1/1/24-12/31/24: \$0.10
Generics	Average Annual Ingredient Cost Guarantee	1/1/22-12/31/22: AWP-87.00% 1/1/23-12/31/23: AWP-87.35% 1/1/24-12/31/24: AWP-87.50%	1/1/22-12/31/22: AWP-88.50% 1/1/23-12/31/23: AWP-88.60% 1/1/24-12/31/24: AWP-88.70%
	Dispensing Fee/Rx Guarantee	1/1/22-12/31/22: \$0.50 1/1/23-12/31/23: \$0.50 1/1/24-12/31/24: \$0.50	1/1/22-12/31/22: \$0.10 1/1/23-12/31/23: \$0.10 1/1/24-12/31/24: \$0.10

¹The EGWP ESI Medicare Network and Broad Performance Medicare Network guarantees for the 9/1/21-12/31/22 (16 months) period will be reconciled one time as a single 16-month guarantee.

2.3. **ESI Mail Pharmacy Ingredient Cost and Dispensing Fee Guarantees**

a. **Commercial Ingredient Cost and Dispensing Fee Guarantees**

ESI Mail Pharmacy		1-90 Days' Supply
Brands	Average Annual Ingredient Cost Guarantee	AWP-25.50%
	Dispensing Fee/Rx Guarantee	\$0.00
Generics	Average Annual Ingredient Cost Guarantee	9/1/21-8/31/22: AWP-88.60% 9/1/22-8/31/23: AWP-88.70% 9/1/23-8/31/24: AWP-88.80%
	Dispensing Fee/Rx Guarantee	\$0.00

b. **Medicare Ingredient Cost and Dispensing Fee Guarantees**

ESI Mail Pharmacy		
Brands	Average Annual Ingredient Cost Guarantee	AWP-25.50%
	Dispensing Fee/Rx Guarantee	\$0.00
Generics	Average Annual Ingredient Cost Guarantee	9/1/21-12/31/22: AWP-88.60% 1/1/23-12/31/23: AWP-88.70% 1/1/24-12/31/24: AWP-88.80%
	Dispensing Fee/Rx Guarantee	\$0.00

3. **SPECIALTY PRODUCT PRICING.**

3.1. **Dispensing Fee for Specialty Products dispensed at Participating Pharmacy and ESI Specialty Pharmacy.** There will be a pass-through dispensing fee for Year 1, for Year 2, and for Year 3 for Specialty Products (as defined

in Exhibit G) dispensed through Participating Pharmacies (as defined in Exhibit G). There will be a dispensing fee of \$0.00 for Year 1, \$0.00 for Year 2, and \$0.00 for Year 3 for Specialty Products dispensed through ESI Specialty Pharmacy (as defined in Exhibit G).

- 3.2. Average Annual Ingredient Cost Guarantees. The following pricing guarantees shall apply to Specialty Products.

ESI Specialty Pharmacy ¹		
	Commercial Exclusive ²	EGWP Open
Average Annual Ingredient Cost Guarantee	9/1/21-8/31/22: AWP-20.00%	9/1/21-12/31/22: AWP-18.75%
	9/1/22-8/31/23: AWP-20.25%	1/1/23-12/31/23: AWP-19.00%
	9/1/23-8/31/24: AWP-20.50%	1/1/24-12/31/24: AWP-19.25%

¹ In addition to the general exclusions identified in this Contract, all non-Specialty Products are excluded from this guarantee. Claims not dispensed through the ESI Specialty Pharmacy are also excluded from this guarantee.

²This guarantee shall only apply to Plans for which the ESI Specialty Pharmacy is the exclusive pharmacy that may fill Specialty Products for Members, other than Exclusive or Limited Distribution Products (as defined in Exhibit G) not available at the ESI Specialty Pharmacy.

- 3.3. The pricing for Specialty Products offered assumes a days' supply consistent with the ESI Specialty Pharmacy Clinical Days' Supply Program.
- 3.4. ASES. For Specialty Products needing an additional charge to cover costs of all ASES (as defined in Exhibit G) required to administer the Specialty Products, ESI or ESI Specialty Pharmacy will bill, at ESI's option, either the A&M System's medical plan or the A&M System directly at the following standard per diem and nursing fee rates set forth below, maintained and updated by ESI from time to time. If ESI elects to bill A&M System's medical plan for ASES, A&M System will work with ESI to coordinate the invoicing and payment of ASES through A&M System's medical plan. If A&M System's medical plan will not cover the cost of ASES billed through ESI or ESI Specialty Pharmacy, A&M System shall be responsible for the costs of all ASES. Unless otherwise set forth in an agreement directly between ESI Specialty Pharmacy and A&M System or a Plan, if a Specialty Product dispensed or ASES provided by ESI Specialty Pharmacy is billed to A&M System or a Plan directly by ESI Specialty Pharmacy instead of being processed through ESI, A&M System or Plan will timely pay ESI Specialty Pharmacy for such claim pursuant to the rates below and within thirty (30) days of A&M System's, Plan's, or its designee's, receipt of such electronic or paper claim from ESI Specialty Pharmacy. ESI Specialty Pharmacy shall have 360 days from the date of service to submit such electronic or paper claim.

Therapeutic Class	Brand Name	Nursing & Per Diem
ALPHA 1 DEFICIENCY	All Alpha 1 Deficiency Drugs requiring Per Diem	\$55.00 / Infusion
ENZYME DEFICIENCY	All Enzyme Deficiency Drugs required Per Diem	\$60.00 / Infusion
IMMUNE DEFICIENCY	All Immune Deficiency Drugs requiring Per Diem	\$60.00 / Infusion
INFLAMMATORY CONDITIONS	Remicade, Renflexis, Inflectra	\$60.00 / Infusion
MISCELLANEOUS SPECIALTY CONDITIONS	Soliris	\$60.00 / Infusion
MISCELLANEOUS SPECIALTY CONDITIONS	Duopa	\$65.00 / Day
PAH	Tyvaso	\$30.00 / Day
PAH	Flolan , Veletri, Epoprostenol Sodium (generic-Flolan/Veletri), Remodulin, Treprostenol Sodium (generic-Remodulin).	\$65.00 / Day
PAH	Ventavis	\$65.00 / Day
Cystic Fibrosis	Cayston (Replacement Nebulizer)	\$975.00

Therapeutic Class	Brand Name	Nursing & Per Diem
Nursing Rates	All drugs / therapies requiring nursing	\$150.00 per Initial Visit up to two (2) hours / \$75.00 per additional hour or a fraction thereof

4. COMPOUND DRUG PRICING.

	ALL YEARS
Compounds (not listed elsewhere)	Pass-Through

5. GENERAL PRICING TERMS. The following terms are applicable to all pricing terms set forth in this Contract.

5.1. Calculation of Ingredient Cost Guarantees. ESI will guarantee an average aggregate annual discount to A&M System to be calculated as follows:

[1-(total discounted AWP ingredient cost but excluding dispensing fees, and prior to application of Copayments, and includes pharmacy performance payments) of applicable Prescription Drug Claims for the annual period divided by total undiscounted AWP ingredient cost (both amounts will be calculated as of the date of adjudication) for the annual period)]. Discounted ingredient cost will be the lesser of MRA (as applicable), U&C (as defined in Exhibit G) or AWP discount.

5.2. Calculation of Dispensing Fee Guarantees. ESI will guarantee an average aggregate annual per Prescription Drug Claim dispensing fee to A&M System to be calculated as follows:

[total dispensing fee of applicable claims for the annual period divided by total claims for the annual period].

5.3. MNOY Guarantee Methodology. Notwithstanding anything in this Contract to the contrary, the generic guarantees will include only those Prescription Drug Claims that processed to Sponsor for payment purposes under Sections 2 and 3 above where the underlying prescription drug product was identified by Medi-Span as having a Multi-Source Indicator code identifier of “Y” on the date dispensed (or was identified by Medi-Span as having a Multi-Source Indicator identifier of an “O” on the date dispensed, but was substituted and dispensed by the ESI Mail Pharmacy as its “house generic”), unless such Prescription Drug Claim is identified in the “Exclusions” section. The brand guarantees will include only those Prescription Drug Claims that processed to Sponsor for payment purposes under Sections 2 and 3 above where the underlying prescription drug product was identified by Medi-Span as having a Multi-Source Indicator code identifier of “M”, “N”, or “O” on the date dispensed (except in cases where the underlying prescription drug product was substituted and dispensed by the pharmacy as its “house generic”), unless such Prescription Drug Claim is identified in the “Exclusions” section. The application of brand and generic pricing may be subject to certain “dispensed as written” (DAW) protocols and Sponsor or Plan defined plan design and coverage policies for adjudication and Member Copayment purposes. If Medi-Span discontinues reporting Multi-Source Indicator identifiers, ESI reserves the right to make an equitable adjustment as necessary to maintain the parties’ relative economics and the pricing intent of this Contract. Notwithstanding anything in this Contract to the contrary, any rebate guarantees set forth in this Contract will be reconciled using MNOY.

5.4. Guarantee Reconciliation Period. The ingredient cost and dispensing fee guarantees under this Contract will be measured and reconciled on an annual basis within ninety (90) days and for Specialty Product guarantee ninety (90) days of the end of each contract year. The guarantees are annual guarantees - if this Contract is terminated prior to the completion of the then current contract year (hereinafter, a “Partial Contract Year”), then the guarantees will not apply for such Partial Contract Year. ESI will pay the difference attributable to any shortfall between the actual result and the guaranteed result. Any additional BPMN pharmacy performance payments after the reconciliation will be payable only after any shortfall payment has been accounted for. To the extent Sponsor changes its benefit design or Formulary during the Term of the Contract, the guarantee will be equitably adjusted if there is a material impact on the discount achieved. Subject to the remaining terms of this Contract, ESI will pay the difference attributable to any shortfall between the actual result and the guaranteed result, including DIR (as defined below). Rebate guarantees will be reconciled and

offset only against other Rebate guarantees. The EGWP BPMN guarantees reflected in Table 2.2a and Table 3.2 include DIR value in the AWP retail non-specialty and Specialty AWP discount guarantees. The EGWP guarantees from 9/1/21-12/31/22 (16 months) will be reconciled one time as a single 16-month guarantee.

- 5.5. Exclusions. The following will be excluded from the listed ingredient cost and dispensing fee guarantees under this Contract:

Commercial	
Mail Brand AWP Mail Generic AWP Mail Brand Dispensing Fee Mail Generic Dispensing Fee	Specialty Products (other than specialty guarantee, if any), coordination of benefit claims, claims through 340b pharmacies, Subrogation claims, claims through on-site, in-house, Sponsor-owned, or Plan-owned pharmacies, long term care pharmacy claims, home infusion claims, Indian/Tribal/Urban (I/T/U) claims, Member Submitted Claims, compounds, OTCs, vaccines, biosimilar products, U&C and any claim on which a rebate is paid at the point-of-service
Retail Brand AWP Retail-90 Brand AWP Retail Generic AWP Retail-90 Generic AWP Accredo Specialty AWP Retail Brand Dispensing Fee Retail-90 Brand Dispensing Fee Retail Generic Dispensing Fee Retail-90 Generic Dispensing Fee Accredo Specialty Dispensing Fee	coordination of benefit claims, claims through 340b pharmacies, Subrogation claims, claims through on-site, in-house, Sponsor-owned, or Plan-owned pharmacies, long term care pharmacy claims, home infusion claims, Indian/Tribal/Urban (I/T/U) claims, Member Submitted Claims, compounds, OTCs, vaccines, biosimilar products, U&C and any claim on which a rebate is paid at the point-of-service

EGWP	
Mail Brand AWP Mail Generic AWP Mail Brand Dispensing Fee Mail Generic Dispensing Fee	Specialty Products (other than specialty guarantee, if any), coordination of benefit claims, claims through 340b pharmacies, Subrogation claims, claims through on-site, in-house, Sponsor-owned, or Plan-owned pharmacies, long term care pharmacy claims, home infusion claims, Indian/Tribal/Urban (I/T/U) claims, Member Submitted Claims, compounds, OTCs, vaccines, biosimilar products, U&C and any claim on which a rebate is paid at the point-of-service
Retail Brand AWP Retail-90 Brand AWP Retail Generic AWP Retail-90 Generic AWP Accredo Specialty AWP Retail Brand Dispensing Fee Retail-90 Brand Dispensing Fee Retail Generic Dispensing Fee Retail-90 Generic Dispensing Fee Accredo Specialty Dispensing Fee	coordination of benefit claims, claims through 340b pharmacies, Subrogation claims, claims through on-site, in-house, Sponsor-owned, or Plan-owned pharmacies, long term care pharmacy claims, home infusion claims, Indian/Tribal/Urban (I/T/U) claims, Member Submitted Claims, compounds, OTCs, vaccines, biosimilar products, U&C and any claim on which a rebate is paid at the point-of-service

- 5.6. Adjudication Rates. If no adjudication rates are specified herein, individual claims dispensed at Participating Pharmacies will be billed on a Pass-Through basis. Claims dispensed at ESI Mail Pharmacy will be adjudicated to Sponsor at the applicable ingredient cost, and will be reconciled to the applicable guarantee as set forth herein.
- 5.7. Conditions Applicable to Extended Days’ Supply Pricing. The Extended Days’ Supply pricing set forth in this Contract shall be subject to certain requirements, as set forth in this Section. Extended Days’ Supply shall mean; (1) for all lines of business other than Medicare or EGWP, any supply of a covered drug of 31 days or greater; and (2) for Medicare or EGWP, if applicable, any supply of a covered drug of 31 days or greater.

5.8. Extended Days Supply.

- a. Commercial - Essential 35K WAGS. Certain Participating Pharmacies have agreed to participate, together with the ESI Mail Pharmacy, in the ESI "Essential 35K Network" consisting of up to 35,000 preferred retail pharmacy locations. Such Participating Pharmacies and the ESI Mail Pharmacy are hereinafter collectively referred to as "Essential 35K Network". Pricing in the 1-30 days' supply and 31-90 days' supply columns set forth in this Contract is applicable only if Sponsor implements a plan design that requires Members to fill prescriptions at either the ESI Mail Pharmacy or a Participating Pharmacy in the ESI Essential 35K Network. If a Smart90 Network of any variety is implemented, Essential 35K Network pricing in the 31-90 days' supply column shall not apply; prescriptions for maintenance drugs shall be subject to Smart90 Network pricing and plan design requirements set forth in this Contract. If a non-preferred network is implemented that adds additional retail pharmacies to Sponsor's network, a minimum \$5 copay differential is required between the Essential 35K Network and the non-preferred network. If no such copay differential is implemented, the pricing set forth in this Contract for the Essential 35K Network shall not apply, even if an ESI Essential 35K Network Participating Pharmacy is used. For coinsurance/percentage co-payments, co-payments could be different at ESI Essential 35K Network Participating Pharmacies and at ESI Mail Pharmacy. If a regulatory body enacts a law, regulation, or other guidance that prohibits the Essential 35K Program, ESI will adjust Sponsor's rates accordingly.
- b. EGWP – Broad Performance Medicare Network. Effective 1/1/22, the Broad Performance Medicare Network ("BPMN") is a contracted, Any Willing Provider exclusive pharmacy network in which the BPMN participating pharmacies pay a performance payment (also referred to as "DIR") based on the pharmacy's overall performance relative to specific adherence measurements and specialty metrics, determined by ESI, measured during the applicable measurement period (annual calendar year). There is an additional administrative fee for this program referenced in this Contract. Note: the current ESI Medicare Network with EGWP 90 Maintenance (Walgreens) will continue from 9/1/21-12/31/21. Additional terms governing the BPMN are detailed in Section 11 of this Exhibit C-2.

5.9. Member Liability. At the ESI Mail Pharmacy and ESI Specialty Pharmacy, Sponsor will be responsible for any unpaid Member Copayment amounts if payment has not been received from the Member within one hundred twenty (120) days following dispensing. Sponsor will be billed in accordance with the claims billing and payment terms.

5.10. Maximum Allowable Cost ("MAC") – ESI shall ensure mail MAC pricing will be equal to or better than retail MAC pricing. ESI shall provide A&M System on a quarterly basis data which illustrate a comparison of the mail MAC pricing to no less than each of the retail MAC pricing lists used for the same period of time.

5.11. Transparent Pass-Through Pricing – ESI may not bill A&M System for an amount that is different from the amount paid to a Participating Pharmacy in connection with a prescription dispensed through the Participating Pharmacy.

6. VACCINE CLAIMS (NO VACCINE CLAIMS WILL BE INCLUDED IN ANY PRICING OR REBATE GUARANTEE SET FORTH IN THE CONTRACT).

6.1. General Terms applicable to Vaccine Claims.

- a. "Vaccine Claim" means a claim for a Covered Drug which is a vaccine.
- b. "Vaccine Vendor Transaction Fee" means the data interchange fee that ESI is charged by its third party vendor to convert Vaccine Claims submitted electronically by physicians to NCPDP 5.1 format in order for ESI to process the claim.
- c. Vaccine Claims shall adjudicate at the lower of U&C or the amounts shown in the table below. In the case of Vaccine Claims, the U&C shall be the retail price charged by a Participating Pharmacy for the particular vaccine, including administration and dispensing fees, in a cash transaction on the date the vaccine is dispensed as reported to ESI by the Participating Pharmacy.

- d. The Vaccine Administration Fee for Vaccine Claims for Members enrolled in Sponsor’s Medicaid programs, if any, will be capped at the maximum reimbursable amount under the state Medicaid program in which the Member is enrolled.
- e. All Vaccine Claims will be subject to any Administrative Fees set forth in this Contract.
- f. Vaccine Claims will be charged a program fee of \$2.50 per Vaccine Claim (except for Medicare Part D covered Vaccine Claims, if applicable). The Vaccine Program Fee will be billed separately to Sponsor as part of the administrative invoice according to the billing frequency set forth in this Contract.

6.2. Commercial (Including Medicaid and Exchange, if applicable).

	Participating Pharmacy INFLUENZA	Participating Pharmacy ALL OTHER VACCINES	Member Submitted Vaccine Claims (excluding foreign claims)
Vaccine Administration Fee	Pass-Through (capped at \$15 per vaccine claim)	Pass-Through (capped at \$20 per vaccine claim)	Submitted amount
Ingredient Cost	Participating Pharmacy Ingredient Cost as set forth in the Agreement	Participating Pharmacy Ingredient Cost as set forth in the Agreement	Submitted amount
Dispensing Fee	Participating Pharmacy Dispensing Fee as set forth in the Agreement	Participating Pharmacy Dispensing Fee as set forth in the Agreement	Submitted amount
Administrative Fee/Vaccine Claim	Administrative Fee per Prescription Drug Claim as set forth in the Agreement		Administrative Fee per Prescription Drug Claim (plus manual claim administrative fee) as set forth in the Agreement
Vaccine Program Fee	\$2.50 per vaccine claim		N/A

6.3. Medicare Part D Covered Vaccine Claims.

Medicare Part D Vaccine Claims shall adjudicate at the lower of U&C or the amounts shown in the table below.

	Participating Pharmacies/ESI Mail Pharmacy/ESI Specialty Pharmacy	Member Submitted Vaccine Claims (excluding foreign claims)	Vaccine Claims Submitted Electronically by Physicians
Vaccine Administration Fee	Pass-Through (capped at \$15 for influenza/\$20 all other vaccines per Vaccine Claim)	Lower of submitted amount or pharmacy contracted rate (capped at \$15 for influenza/\$20 all other vaccines if administered at a Participating Pharmacy)	Pass-Through (capped at \$15 for influenza/\$20 all other vaccines per Vaccine Claim)
Ingredient Cost	Pass-Through	Lower of submitted amount or pharmacy contracted rate	Pass-Through
Dispensing Fee	Pass-Through	Lower of submitted amount or pharmacy contracted rate	Pass-Through
Vendor Transaction Fee	N/A	N/A	Pass through at ESI cost for Vendor Transaction Fee

6.4. Medicare Part B Covered Vaccine Claims.

Medicare Part B covered Vaccine Claims shall adjudicate at the amounts shown in the table below.

	Participating Pharmacy INFLUENZA	Participating Pharmacy PNEUMONIA
Vaccine Administration Fee	Pass-Through (capped at \$15 per Vaccine Claim)	Pass-Through (capped at \$20 per Vaccine Claim)
Ingredient Cost	Pass-Through	Pass-Through
Dispensing Fee	Pass-Through	Pass-Through
Vaccine Program Fee	\$2.50 per vaccine claim	\$2.50 per vaccine claim

7. **OTHER PROVIDERS: I/T/U, IHS, LTC, AND HOME INFUSION.**

Other Providers		I/T/U and IHS Providers	Long Term Care Providers	Home Infusion & Specialty Home Infusion
Brands	Pricing	Pass-Through	Pass-Through	Pass-Through
	Dispensing Fee/Rx	Pass-Through	Pass-Through	Pass-Through
Generics	Pricing	Pass-Through	Pass-Through	Pass-Through
	Dispensing Fee/Rx	Pass-Through	Pass-Through	Pass-Through

8. **GENERIC DISPENSING RATE GUARANTEE.** ESI will guarantee that Generic Drugs will be dispensed from Participating Pharmacies and the ESI Mail Pharmacy at the percentages reflected below:

Commercial		
Generic Drug Dispensing Rate Guarantee		
Contract Year	Participating Pharmacies	ESI Mail Pharmacy
9/1/21-8/31/22	85.65%	82.40%
9/1/22-8/31/23	+0.00% Increment over actual of preceding year	+0.00% Increment over actual of preceding year
9/1/23-8/31/24	+0.00% Increment over actual of preceding year	+0.00% Increment over actual of preceding year

EGWP		
Generic Drug Dispensing Rate Guarantee		
Contract Year	Participating Pharmacies	ESI Mail Pharmacy
9/1/21-12/31/22	88.15%	86.70%
1/1/23-12/31/23	+0.00% Increment over actual of preceding year	+0.00% Increment over actual of preceding year
1/1/24-12/31/24	+0.00% Increment over actual of preceding year	+0.00% Increment over actual of preceding year

8.1. The guarantees will be calculated as follows:

- a. The total Participating Pharmacy Generic Prescription Drug Claims divided by total Participating Pharmacy Generic and Brand Prescription Drug Claims (and the same for ESI Mail Pharmacy Prescription Drug Claims). Claims dispensed with a DAW 9 code will be excluded from the generic drug dispensing rate guarantee calculation.
- b. The Generic Drug dispensing guaranteed percentage baseline in contract years two and three will be set to the preceding year's actual Generic Drug dispensing percentage plus the increment guaranteed for Participating Pharmacies and ESI Mail Pharmacy, respectively.
- c. ESI will pay a penalty for any shortfall between the actual percentage result and the guaranteed percentage for each of the Participating Pharmacy and ESI Mail Pharmacy guarantees, respectively. If the actual Generic Drug dispensing percentage for a contract year is below the guaranteed percentage, the penalty will be calculated as the guaranteed Generic Drug dispensing percentage for the contract year minus the

actual Generic Drug dispensing percentage for the contract year times the actual claims volume times the applicable Payment Factor below. Separate calculations will be performed for Participating Pharmacies and ESI Mail Pharmacy and for each contract year.

Commercial		
Payment Factor		
Contract Year	Participating Pharmacies	ESI Mail Pharmacy
9/1/21-8/31/22	\$213.43	\$345.69
9/1/22-8/31/23	\$216.25	\$351.69
9/1/23-8/31/24	\$217.07	\$345.17

EGWP		
Payment Factor		
Contract Year	Participating Pharmacies	ESI Mail Pharmacy
9/1/21-12/31/22	\$247.66	\$479.83
1/1/23-12/31/23	\$252.56	\$481.40
1/1/24-12/31/24	\$253.93	\$483.79

- d. Guarantees will be measured and reconciled separately for Participating Pharmacy and ESI Mail Pharmacy on an annual basis within ninety (90) days of the end of each contract year. Any excess achieved in either the Participating Pharmacies or ESI Mail Pharmacy guarantee will be used to offset a shortfall in the other guarantee, if any. To the extent Sponsor changes its utilization management programs, benefit design or Formulary, or there are material changes to the demographics and geography of the Members during the Term of the Contract, the guarantee will be equitably adjusted if there is a material impact on the Generic Drug dispensing percentage achieved.
- e. The maximum Generic Dispensing Rate Guarantee penalty that will be paid by ESI in any year will be \$50,000 for the Participating Pharmacy Generic Dispensing Rate Guarantee and \$50,000 for the ESI Mail Pharmacy Generic Dispensing Rate Guarantee.
- f. Specialty Products shall not be included in the calculation of the Generic Dispensing Rate Guarantee.

9. GENERIC SUBSTITUTION RATE. ESI will guarantee a Retail and Mail Generic Substitution Rate (“GSR”) as follows:

Commercial & EGWP		
Contract Year ¹	Retail	Mail
Year 1	97.5%	98.5%
Year 2	97.5%	98.5%
Year 3	97.5%	98.5%

¹Generic Substitution Rate will be measured in the aggregate between Commercial and EGWP as follows: Year 1: EGWP 9/1/21-12/31/22 and Commercial 9/1/21-8/31/22; Year 2 EGWP 1/1/23-12/31/23 and Commercial 9/1/22-8/31/23; Year 3 EGWP 1/1/24-12/31/24 and Commercial 9/1/23-8/31/24.

- a. Within 90 days after the end of each Contract Year, ESI will calculate and report separately the actual average Retail Pharmacy Generic Substitution Rate and Mail Order Generic Substitution Rate for all covered drugs dispensed by ESI and participating pharmacies, in the aggregate, for such contract year. If ESI fails to achieve the applicable Target Generic Substitution Rate in any Contract Year, ESI will provide a credit against future billings to A&M System on a dollar for dollar basis, or if not feasible to provide as credit, ESI will pay A&M System. Any surplus in one channel (Retail Pharmacy or Mail Order) may offset a penalty in the other channel for a given Contract Year.

- b. If government actions or acts or omissions by any drug manufacturer or A&M System (including a material change in Plan Design) has a material adverse effect on the prescribing of Generic Drugs, then A&M System and ESI will modify the guaranteed percentage increase to the GSRs and/or financial provisions set forth in this Section on an equitable basis.
- c. The maximum annual penalty for the Generic Substitution Rate guarantee will be \$150,000 in aggregate.

10. SAVEONSP PROGRAM PERFORMANCE GUARANTEE (COMMERCIAL). ESI shall provide Sponsor with a "SaveOnSP Guarantee," as defined below, in the amount of \$4.36 PMPM per year during the Initial Term. The SaveOnSP Guarantee requires that Sponsor meet program requirements for, and enrolls in, the SaveOnSP Program. Standard program implementation is ninety (90) days. The SaveOnSP Guarantee shall be reconciled as follows: (i) the actual amount of copay assistance dollars applied to Members' Copayments through the SaveOnSP program (ii) minus the amount of the benefit design copayment prior to Sponsor's enrollment in the SaveOnSP Program, (iii) net of SaveOnSP program fees. The SaveOnSP Guarantee applies only for groups enrolled in the SaveOnSP program. In addition to any other pricing conditions included herein, ESI reserves the right to adjust the SaveOnSP Guarantee if: (a) manufacturer(s) change or alter their copay assistance program(s), (b) Sponsor disenrolls from the SaveOn SP program; or (c) ESI's ability to provide the SaveOnSP Guarantee is adversely affected due to (i) Brand Drugs moving off-patent to generic status, (ii) action by a manufacturer, (iii) any industry or market condition, (iv) due to a Change in Law; or (v) due to any other action or occurrence that has a material effect on ESI's ability achieve the SaveOnSP Guarantee. ESI shall calculate the SaveOnSP Guarantee on an annual basis. ESI shall pay to Sponsor the net shortfall, if any, between the SaveOnSP Guarantee and the actual amount of copay assistance dollars applied to Members' Copayments through the SaveOnSP program within ninety (90) days after the end of the applicable calendar year. Any over performance will be retained by the Sponsor. If A&M System's participation in the SaveOnSP program is less than a full calendar year, ESI shall prorate the SaveOnSP Guarantee. The SaveOnSP Guarantee is an annual guarantee. If this Contract is terminated prior to the completion of the then current contract year (hereinafter, a "Partial Contract Year"), then the guarantees will not apply for such Partial Contract Year. To the extent A&M System changes its benefit design or Formulary during the Term of the Contract ESI may adjust the SaveOnSP Guarantee.

11. Broad Performance Medicare Network (BPMN) Exclusive Assumptions.

- a. For BPMN, performance payments from applicable BPMN pharmacies are estimated at an average of \$4.28 per BPMN pharmacy claim. All performance payments will be included as credits to the discount and dispensing fee guarantees.
 - i. The calculation for determining the BPMN performance payment is as follows: Total BPMN performance payment amount collected for the annual period divided by the total BPMN pharmacy claims for the annual period.
 - ii. The BPMN pharmacy performance payment estimate will be measured and reconciled on an annual basis within one hundred eighty (180) days of the end of each contract year.
- b. Except as otherwise provided herein, the BPMN performance estimates are for the Term of this Contract.
- c. In the event of a change in network composition or its terms and conditions, ESI reserves the right to make an adjustment to these terms.
- d. Inclusive of any pricing conditions listed in this Contract, if any manufacturer action, or Change in Law affects ESI's ability to satisfy any commitment herein, ESI may make an adjustment to the terms related to the BPMN.
- e. ESI will pass-through 90% of the BPMN pharmacy performance payments collected to A&M System; the remaining 10% shall be withheld to facilitate the annual reconciliation process (the "Withheld Amount"). These BPMN performance payments, less the Withheld Amount, will be made to A&M System on a quarterly basis as a separate check or wire transfer/EFT. A&M System will receive quarterly reporting as verification of performance payments paid by BPMN pharmacy providers. Withheld Amounts will be reported quarterly.

- f. ESI will perform an annual reconciliation of applicable BPMN pharmacy performance and final total BPMN claims which will be completed within one hundred eighty (180) days after the end of the evaluation period (January 1 through December 31). Such reconciliation could result in additional BPMN performance payment fees either owed to A&M System or owed to the BPMN pharmacies by A&M System.
 - i. If money is owed to A&M System, on A&M System's behalf, ESI will: (i) remit to A&M System the Withheld Amount and (ii) collect any amounts due from the applicable BPMN pharmacies and pass to the A&M System as a separate check or wire transfer/EFT.
 - ii. If money is owed to applicable BPMN pharmacies, ESI shall use the quarterly Withheld Amount to reimburse applicable BPMN pharmacies who are owed by A&M System. Once annual reconciliation is completed, any remaining Withheld Amount will be paid to A&M System. If the Withheld Amount is insufficient to pay applicable BPMN pharmacies owed by A&M System, A&M System shall pay ESI for such shortfall.

- g. If A&M System terminates or cancels its participation in the BPMN for any reason prior to the end of any annual evaluation period, A&M System shall reimburse ESI all BPMN performance payments received from ESI within (90) days of termination. In the event A&M System fails to do so, ESI may exercise its rights under this Contract and/or may, notwithstanding any other provision to the contrary, apply Rebate amounts otherwise owed to A&M System against any unpaid performance payments.

The one-time set up fee to support quality reporting implementation prior to the BPMN implementation effective date has been included in the overall BPMN admin fee.

Exhibit C-3**Rebates****1. NON-SPECIALTY REBATE AMOUNTS**

1.1. Subject to the conditions set forth in this Contract, ESI will pay to A&M System an amount equal to the greater of:

- a. 100.00% of the Rebates and Manufacturer Administrative Fees (as defined in Exhibit G) received by ESI; or subject to A&M System meeting the Plan design conditions identified in the table below, the following guaranteed amounts:
- b. Commercial and EGWP

	Commercial		
Formulary:	National Preferred Formulary		
	Participating Pharmacies		ESI Mail Pharmacy
Days' Supply	1-30	31-90	1-90
Per Brand Drug Claim (non-Specialty Products)	9/1/21-8/31/22: \$175.00	9/1/21-8/31/22: \$680.00	9/1/21-8/31/22: \$775.00
	9/1/22-8/31/23: \$186.00	9/1/22-8/31/23: \$800.00	9/1/22-8/31/23: \$825.00
	9/1/23-8/31/24: \$204.00	9/1/23-8/31/24: \$900.00	9/1/23-8/31/24: \$950.00

	EGWP		
Formulary:	Premier Access		
Copayment Design:	Minimum \$15 Copayment Differential		
	Participating Pharmacies		ESI Mail Pharmacy
Days' Supply	1-30	31-90	
Per Brand Drug Claim (non-Specialty Products)	9/1/21-12/31/22: \$183.00	9/1/21-12/31/22: \$549.00	9/1/21-12/31/22: \$753.60
	1/1/23-12/31/23: \$201.00	1/1/23-12/31/23: \$603.00	1/1/23-12/31/23: \$849.05
	1/1/24-12/31/24: \$225.00	1/1/24-12/31/24: \$675.00	1/1/24-12/31/24: \$947.12

1.2. REBATE PAYMENT TERMS

- a. Subject to the conditions set forth herein, ESI shall pay A&M System the guaranteed amounts set forth above during each calendar month hereunder within approximately sixty (60) days following the end of such calendar month.
- b. On a quarterly and aggregate basis, ESI shall reconcile the percentage amounts set forth above (against the guaranteed amounts paid to A&M System monthly including inflation protection payments and any amounts applied at the point of sale) within one hundred fifty (150) days following the end of each calendar quarter and shall credit A&M System for any deficit on the next invoice immediately following the reconciliation. If, upon reconciliation, the annual aggregate percentage amount paid to A&M System for the contract year is greater than the guaranteed aggregate amounts, ESI shall be entitled to make up for, and offset, a shortfall in other Rebate guarantee(s) set forth in this Contract with such excess annual aggregate percentage amount, and such excess amount shall be applied directly to the other shortfall guarantee(s). To provide clarity, Commercial rebates will not be used to offset EGWP rebates and vice versa.
- c. EGWP wrap/supplemental coverage claims are included in the Commercial minimum Rebate guarantees.

2. SPECIALTY REBATE AMOUNTS

2.1. Subject to the conditions set forth in this Contract, ESI will pay to A&M System an amount equal to the greater of:

- a. 100% of the Rebates and Manufacturer Administrative Fees received by ESI; or subject to A&M System meeting the Plan design conditions identified in the table below, the following guaranteed amounts:

b. Commercial and EGWP

	Commercial	
Formulary:	National Preferred Formulary	
	Participating Pharmacies	ESI Specialty Pharmacy
Per Brand Drug Claim (Specialty Products)	9/1/21-8/31/22: \$175.00	9/1/21-8/31/22: \$2,650.00
	9/1/22-8/31/23: \$186.00	9/1/22-8/31/23: \$3,150.00
	9/1/23-8/31/24: \$204.00	9/1/23-8/31/24: \$3,650.00

	EGWP	
Formulary:	Premier Access	
Copayment Design:	Minimum \$15 Copayment Differential	
	Participating Pharmacies	ESI Specialty Pharmacy
Per Brand Drug Claim (Specialty Products)	9/1/21-12/31/22: \$183.00	9/1/21-12/31/22: \$2,300.00
	1/1/23-12/31/23: \$201.00	1/1/23-12/31/23: \$2,500.00
	1/1/24-12/31/24: \$225.00	1/1/24-12/31/24: \$2,700.00

c. EGWP wrap/supplemental coverage claims are included in the Commercial minimum Rebate guarantees.

2.2 REBATE PAYMENT TERMS

- a. Subject to the conditions set forth herein, ESI shall pay A&M System the guaranteed amounts set forth above for during each calendar month hereunder within approximately sixty (60) days following the end of such calendar month.
- b. On quarterly and aggregate basis, ESI shall reconcile the percentage amounts set forth above (against the guaranteed amounts paid to A&M System monthly including inflation protection payments and any amounts applied at the point of sale) within one hundred fifty (150) days following the end of each contract year and shall credit A&M System for any deficit on the next invoice immediately following the reconciliation. If, upon reconciliation, the annual aggregate percentage amount paid to A&M System for the contract year is greater than the guaranteed aggregate amounts, ESI shall be entitled to make up for, and offset, a shortfall in other Rebate guarantee(s) set forth in this Contract with such excess annual aggregate percentage amount, and such excess amount shall be applied directly to the other shortfall guarantee(s). To provide clarity, Commercial rebates will not be used to offset EGWP rebates and vice versa.

3. Conditions (Applies to All Rebates)

- 3.1. ESI contracts for Rebates and Manufacturer Administrative Fees on its own behalf and for its own benefit, and not on behalf of A&M System. Accordingly, ESI retains all right, title and interest to any and all actual Rebates and Manufacturer Administrative Fees received. ESI will pay A&M System amounts equal to the Rebate and Manufacturer Administrative Fees amounts allocated to A&M System, as specified above, from ESI's general assets (neither A&M System, its Members, nor A&M System's Plan retains any beneficial or proprietary interest in ESI's general assets). A&M System acknowledges and agrees that neither it, its Members, nor its Plan will have a right to interest on, or the time value of, any Rebate payments or Manufacturer Administrative Fee payments received by ESI during the collection period or moneys payable under this Section. No amounts for Rebates or Manufacturer Administrative Fees will be paid until this Contract is executed by A&M System. ESI will have the right to apply A&M System's allocated Rebate amount and Manufacturer Administrative Fees amount to unpaid Fees.

3.2. Guarantee Exclusions: The following will be excluded from the Rebate guarantees under this Contract:

Commercial	
Retail Brand Retail-90 BrandMail Brand	Member Submitted Claims, Subrogation claims, biosimilar products, vaccines, OTCs, claims older than 180 days, claims through on-site, in-house, A&M System- owned, or Plan-owned pharmacies, claims through 340b pharmacies, coordination of benefit claims, compounds, claims pursuant to a 100% Member Copayment plan, U&C and any claim on which a rebate is paid at the point-of-service
Specialty Retail Brand Specialty Mail Brand	Member Submitted Claims, Subrogation claims, biosimilar products, Exclusive or Limited Distribution products, vaccines, OTCs, claims older than 180 days, claims through on-site, in-house, A&M System-owned, or Plan-owned pharmacies, claims through 340b pharmacies, coordination of benefit claims, compounds, claims pursuant to a 100% Member Copayment plan, U&C and any claim on which a rebate is paid at the point-of-service

EGWP	
Retail Brand Retail-90 BrandMail Brand	Member Submitted Claims, Subrogation claims, biosimilar products, vaccines, OTCs, claims older than 180 days, claims through on-site, in-house, A&M System- owned, or Plan-owned pharmacies, claims through 340b pharmacies, coordination of benefit claims, compounds, claims pursuant to a 100% Member Copayment plan, U&C and any claim on which a rebate is paid at the point-of-service
Specialty Retail Brand Specialty Mail Brand	Member Submitted Claims, Subrogation claims, biosimilar products, Exclusive or Limited Distribution products, vaccines, OTCs, claims older than 180 days, claims through on-site, in-house, A&M System-owned, or Plan-owned pharmacies, claims through 340b pharmacies, coordination of benefit claims, compounds, claims pursuant to a 100% Member Copayment plan, U&C and any claim on which a rebate is paid at the point-of-service

- 3.3.** ESI reserves the right to adjust the Rebate guarantees if Rebate revenue is materially decreased because Brand Drugs unexpectedly move off-patent to generic status or due to a Change in Law.
- 3.4.** A&M System acknowledges that it may be eligible for Rebate amounts and Manufacturer Administrative Fee amounts under this Contract only so long as A&M System, its affiliates, or its agents do not contract directly or indirectly with anyone else for discounts, utilization limits, rebates or other financial incentives on pharmaceutical products or formulary programs for claims processed by ESI pursuant to this Contract, without the prior written consent of ESI. In the event that A&M System negotiates or arranges for Rebates or similar discounts for any Covered Drugs hereunder, but without limiting ESI’s right to other remedies, ESI may immediately withhold any Rebate amounts or Manufacturer Administrative Fee amounts earned by, but not yet paid to, A&M System as necessary to prevent duplicative rebates on Covered Drugs. To the extent A&M System knowingly negotiates and/or contracts for discounts or rebates on claims for Covered Drugs without prior written approval of ESI, ESI will be entitled to suspend payment of Rebate amounts and Manufacturer Administrative Fee amounts hereunder and to renegotiate the terms and conditions of this Contract.
- 3.5.** The Rebate guarantees are conditioned upon Sponsor’s enrollment in the Advantage Utilization Management Package.
- 3.6.** Under its Rebate program, ESI may implement ESI’s Formulary management programs and controls, which may include, among other things, cost containment initiatives, and communications with Members, Participating Pharmacies, and/or physicians. ESI reserves the right to modify or replace such programs from time to time. Guaranteed Rebate amounts, if any, set forth herein, are conditioned on adherence to various Formulary management controls, benefit design requirements, claims volume, and other factors stated in the applicable pharmaceutical manufacturer agreements, as communicated by ESI to A&M System from time to

time. If any government action, Change in Law, or any action by a pharmaceutical manufacturer has an adverse effect on the availability of Rebates, then ESI may make an adjustment to the Rebate terms and guaranteed Rebate amounts, if any, hereunder.

- 3.7.** Rebate and Manufacturer Administrative Fee amounts paid to A&M System pursuant to this Contract are intended to be treated as “discounts” pursuant to the federal anti-kickback statute set forth at 42 U.S.C. §1320a-7b and implementing regulations. A&M System is obligated if requested by the Secretary of the United States Department of Health and Human Services, or as otherwise required by Applicable Law, to report the Rebate amounts and to provide a copy of this notice. ESI will refrain from doing anything that would impede A&M System from meeting any such obligation.

Exhibit C-4

Administrative Services and Clinical Program Fees

I. Administrative Services

Pharmacy Benefit Management Services ("PBM Services")
Customer service for members Electronic/online eligibility submission Primary claim avoidance for secondary payers based on eligibility file (i.e. reject claims submitted as primary) Electronic claims processing Plan set-up Software training for access to our online system(s) FSA eligibility feeds
Network Pharmacy Services
Pharmacy help desk Pharmacy network management Pharmacy reimbursement Network development (upon request)
Home Delivery Services
Benefit education Prescription delivery — standard
Reporting Services
Web-based Sponsor reporting — produced by ESI Web-based Sponsor reporting — produced by SponsorAd hoc desktop parametric reports Claims detail extract file electronic (NCPDP) Load 12 months claims history for clinical reports and reporting Annual Strategic Account Plan report Billing reports Inquiry access to claims processing system
Website Services
Sponsor Website — eService Delivery (Eligibility, Claims, and Benefit Administration), Coverage Management and Appeals, Eligibility File Transfer, Reporting Solutions and Resources Area. My Pharmacy Options — Helps members make informed medication choices based on cost, health, and safety. Memberwebsite portion only. Express-Scripts.com for Members — Access to benefit, drug, health, and wellness information; prescription ordering capability; and customer service. Online Benefit Management — eService web-based application with Claims History, Eligibility Maintenance, and Prior Authorization Add. Mobile App for Members — Includes My Pharmacy Options, My Medicine Cabinet, Pharmacy Care Alerts, Refills and Renewals, and virtual prescription ID card.
Implementation Package and Member Communications
Member replacement cards printed via web Implementation support New member packets (includes two standard resin ID cards)
Clinical
Concurrent Drug Utilization Review (DUR) Overrides <ul style="list-style-type: none"> • Sponsor requested overrides • Lost/stolen overrides • Vacation supplies

Optional PBM Services

PBM Services	Fee
Manual Submissions	
Member Submit Fee Medicaid	\$3.00 per claim
Subrogation Claims Medicare	\$3.00 per paid claim
Subrogation Claims	\$3.00 per paid claim
Communication with physicians and/or members (e.g., program descriptions, notifications, formulary compliance, non-Medicare EOBs, etc.)	\$1.35/letter plus postage
Medicare Explanation of Benefits (EOB)	\$1.75/letter plus postage
Custom non-standard materials	Priced upon request
Claims reverse and reprocessing (due to Sponsor driven errors including but not limited to incorrect benefit set-up and eligibility feed errors, or Sponsor decision to change benefit and reprocess claims)	Quoted upon request
Coordination of Benefits (COB)	
<ul style="list-style-type: none"> • Custom reimbursement formula • Setup and ongoing maintenance • Product support 	Included in base admin fee
Electronic Medicare Part D EOB	
Electronic Medicare EOB is an e-mail notification to the member informing them at the time of EOB production that their Medicare Part D Explanation of Benefits is available for viewing. Members can opt in/opt out at any time. Electronic EOB includes: <ul style="list-style-type: none"> • Email notification to the member • Solicitation e-mail sent to registered members • Prominent Web messaging 	\$0.95/EOB
Reporting Services	
Custom ad hoc reporting – applies for reporting outside of self-services reporting tool	\$150/hour, with a minimum of \$500
Replacement Member Communication Packets	
Member-requested replacement packets	\$1.50 per packet
Sponsor-requested re-carding	\$1.50 per packet
Cost Exceeds Maximum	
Cost Exceeds Maximum (CEM) edit (For non-compound drugs)	\$10,000 CEM limit – included in pricing Custom CEM limit less than \$10,000 - \$0.01 PMPM fee
Cost Exceeds Maximum (CEM) edit (For compound drugs)	Included in pricing
Reviews and Appeals Management	
Initial Determinations and Level 1 Non-urgent Appeals under the UM Program. Examples: prior authorization, step therapy, quantity reviews	UM PMPM charge OR \$55 per initial determination* UM charge
Initial Determinations and Level 1 Non-urgent Appeals for benefit reviews. Examples: copay review, plan excluded drug coverage review, administrative plan design review	\$55 per initial determination*
Initial Determinations and Level 1 Non-urgent Appeals <u>with Level 2 and Urgent Appeal Service</u> for UM, formulary, and benefit reviews - final internal appeals	If Sponsor elects to have ESI perform Level 2 and Urgent Appeals, Sponsor will pay an additional \$10 per initial determination (e.g. UM PMPM charge plus \$10 per initial determination* OR \$65 per initial determination*) to cover the costs of performing the Level 2 and Urgent Appeals services.
Level 2 and Urgent Appeal Service for UM, formulary, and benefit reviews - final internal appeals	\$10 per initial determination*
External Reviews - facilitated by UM company, reviewed by independent review organizations	\$800 per review
Electronic Pharmacy Benefit Eligibility Verification	
Eligibility confirmation of Pharmacy Benefit Coverage shared with prescribers and other healthcare professionals through their Electronic Medical Records (EMR) or other Digital Channels. Pass-through charge to Sponsor at Express Scripts preferred rate with data switch such as Surescripts.	

PBM Services	Fee
Custom Laser Messaging	
Each custom laser messaging campaign will run for 3 months and will consist of member targeting based on the Sponsor’s pain point, Consumerology messaging consultation by the Express Scripts Lab, launch of a 90-day custom campaign, to the agreed upon targeted members, and reporting on any key insights or operational metrics from the campaign. The fee is \$40,000 per custom message. A 20% discount will be provided for subsequent 3 month extensions of an active campaign.	
Member Grievances	
Includes: (i) researching grievances related to the Part D benefit, (ii) communicating resolution back to the member, (iii) providing oversight reporting services to Sponsor, and (iv) providing data required for CMS reporting.	\$0.15 PMPM
Retiree Drug Subsidy (RDS)	
RDS enhanced service (ESI sends reports to CMS on behalf of Sponsor)	\$1.12 PMPM for Medicare-qualified members with a minimum annual fee of \$7,500
RDS standard service (ESI sends reports to Sponsor) <ul style="list-style-type: none"> • Notice of Creditable Coverage 	\$0.62 PMPM for Medicare-qualified members with a minimum annual fee of \$5,000 \$1.35/letter + postage
Enhanced Pharmacy Audit Program	Basic Network Pharmacy Audit: No additional fee. 30-60 day historical review of paid claimsonly (no next day review) and higher thresholds.

- * Initial determination – this is the first review of drug coverage based on the plan’s conditions of coverage. Initial determinations are also referred to as initial reviews, coverage reviews, prior authorization reviews, UM reviews, or benefit reviews.
- The Level 2 and Urgent Appeal Service is an optional service for Sponsors to enroll in and there is an incremental fee of \$10 per initial determination.
 - Level 2 and Urgent Appeals are not included in the UM package fees.
 - The Level 2 and Urgent Appeal Service fee is not charged per appeal. It is charged for each initial review. This allows Sponsor to better estimate their appeal costs since it is based on the number of initial determinations. The fees cover the legal and operational costs involved with handling final and binding appeal reviews, which includes, but is not limited to: staffing of clinical professionals and supportive personnel, notifications to patients and prescribers, and maintaining a process aligned with state and Federal regulations
 - Charges for the Level 2 and Urgent Appeal Service are billed on the monthly admin invoice for completed initial determination for UM, formulary, and benefit reviews. No subsequent charges are incurred when cases are appealed.
 - Appeals can be deemed urgent at Level 1 or Level 2. Urgent appeal decisions are final and binding. If a Level 1 Appeal is processed as urgent, there is no Level 2 appeal.

Comprehensive Consumer Directed Health (CDH) Solution

PBM Services	Fee
Required Services and Fee for all CDH Enrollees	
<p>Services</p> <ul style="list-style-type: none"> • Technical <p>Bi-directional data exchange; dedicated operations; 24-hour-a-day, seven-day-a-week monitoring and quality control; performance reporting; and analytics</p> <ul style="list-style-type: none"> • Decision Support <p>Dedicated CDH member services, Prescription Benefit Review Statements, Retail Pricing Transparency</p> <ul style="list-style-type: none"> • Member Adherence • ScreenRx <p>Preventive Medications</p> <ul style="list-style-type: none"> • Member Education <p>Proactive, personalized member communications open enrollment tools and member communications library, robust online features, and preventive care proactive, personalized member communications</p>	<p>Advanced Data Integration, Member Decision Support, Member Adherence and Member Education \$0.48 PMPM</p>
If Sharing Data Only - Required Service and Fee for all Non-CDH Enrollees	
<p>Combined Benefit Management</p> <p>Services to manage combined medical-pharmacy benefits that are not a consumer-directed health (CDH) plan. Services include ongoing management of the data exchange platform with the medical vendor/TPA, production monitoring and quality control, and designated operations team. Combined benefit types may include deductible, out of pocket, spending account, and lifetime maximum.</p>	<p>\$0.10 PMPM per combined accumulator up to maximum of \$0.20 PMPM for existing connection with medical carrier or TPA.</p> <p>Fees to establish connection with new medical carrier or TPA are quoted upon request.</p>

Charges would be in addition to any pricing adjustments if greater than 10 percent of Sponsor’s total utilization for all Plans is attributable to a CDHC.

Additional services will be quoted upon request. Postage charges are not included and will be billed to Sponsor.

II. Clinical/Trend Programs.

ESI offers a comprehensive suite of trend and integrated health management programs. These offerings may change or be discontinued from time to time as ESI updates its offerings to meet the needs of the marketplace.

The programs (and corresponding pricing and guarantees) outlined in this section represent a sampling of the programs currently offered by ESI to its clients. ESI may offer additional programs, as well as savings guarantees, under certain conditions. Information concerning such programs, guarantees, and fees, if applicable, is available on request. In addition, the ESI Account Management Team will periodically discuss new programs, guarantees, and fees with Sponsor, which Sponsor may adopt through ESI’s standard Set-Up Form process.

Sponsor will select clinical/trend programs during implementation by checking selected options on the Clinical Addendum and on the applicable Set-Up Form. Such Set-Up Forms are incorporated herein by reference as and when executed by the parties. A complete list representing the programs adopted by Sponsor (and corresponding pricing and guarantees) as of the Effective Date is outlined in the Clinical Addendum (executed separately by Sponsor).

Health Choices and Drug Choices

Health Choices	Fee
Concurrent DUR	No charge (included in base offering)
Health Connect 360	\$2.75 PMPM (Commercial) The following clinical capabilities may be leveraged: <ul style="list-style-type: none"> • Member Care Support • Physician Support • Pharmacy Support Plan Management Support
ScreenRx: medication adherence solution	\$0.25 PMPM
RationalMed: An advanced patient safety solution integrating medical, prescription, and laboratory data	\$0.30 PMPM all years *Sponsors with 5-10K lives may incur a one-time medical/lab data onboarding fee dependent on vendors.
Retrospective DUR (RDUR): A patient safety solution integrating prescription data	Basic RDUR Module: \$0.05 PMPM <ul style="list-style-type: none"> • <i>Includes the highest severity clinical concerns for adverse drug disease and adverse drug interaction, as well as rules to address drug therapy duplication, excessive dosing and misuse/abuse.</i> Advanced RDUR Module: \$0.10 PMPM <ul style="list-style-type: none"> • <i>Builds upon the Basic module to include an expanded rule set for adverse drug disease and adverse drug interaction and also includes drug pregnancy rules.</i> Seniors RDUR Module: \$0.04 PMPM <ul style="list-style-type: none"> • <i>Addresses the drug issues most likely to compromise the health and safety of seniors.</i> Retrospective DUR Bundle: \$0.11 PMPM <i>Includes the expanded rule set for adverse drug disease and adverse drug interaction, as well as rules to address drug therapy duplication, excessive dosing, misuse/abuse, drug pregnancy, drug age consideration, and polypharmacy over 65.</i>
MediCUBE/Academic Detailing	\$0.20 PMPM (Commercial & EGWP)
Physician Care Alerts	Adherence Module: \$0.03 PMPM <ul style="list-style-type: none"> • <i>This module identifies patients and alerts providers who are late to fill their diabetes, hypertension, and/or cholesterol medications.</i> Omission Module: \$0.03 PMPM <ul style="list-style-type: none"> • <i>This module identifies and alerts providers to diabetic patients that have not been prescribed a recommended statin; patients with either a risk of repeated overdose or receiving opioid use treatment disorder that have not been prescribed recommended naloxone; and patients with an omission of opioid use disorder medication in pregnancy.</i> High-Risk Medication Module: \$0.03 PMPM <ul style="list-style-type: none"> • <i>This module targets patients 65 years and older taking a medication that has been identified by the Centers for Medicare & Medicaid Services (CMS) as a high-risk medication for elderly patients.</i> HEDIS Module: \$0.03 PMPM <ul style="list-style-type: none"> • <i>This module identifies patients late to fill their asthma/COPD, osteoporosis, depression, schizophrenia/antipsychotic and rheumatoid arthritis medications. Identifies potentially harmful drug-disease interactions in older adults. Identifies patients with multiple medications and safety risks specific to opioids. A clinical alert is sent to the prescribing physician(s).</i> Physician Care Alert Package: \$0.07 PMPM <ul style="list-style-type: none"> • <i>Select any 3 modules: Adherence Module, Omission Module, High-Risk Medication Module, or HEDIS Module.</i> HEDIS Bundle: \$0.10 PMPM <i>The HEDIS Bundle includes the full spectrum of HEDIS supported modules outlined above – Adherence Module, Omission Module, High Risk Medication Module, and HEDIS Module.</i>

Health Choices	Fee
Advanced Opioid Management	\$0.39 PMPM <ul style="list-style-type: none"> • Proactive Opioid Member Education Letter (not available for Medicaid lives) • Prescriber Education & Peer Comparison • Opioid Neuroscience Pharmacist Outreach (TRC) • Opioid and Opioid Adjacent (benzodiazepine, gabapentin & select muscle relaxants) Physician Care Alerts • Drug Deactivation Disposal Bags • Enhanced FWA with auto Lock-in (Auto lock-in not available for Medicaid lives) • Enhanced Prior Authorization for Long Acting Opioids and Fentanyl TIRF • First Fill: 7 Days' Supply Limit for adults (Short Acting Opioids) on the first 4 fills; not to exceed a 28-days' supply in a 60-day period • First Fill: 3 Days' Supply Limit for pediatric patients (Short Acting Opioids) for the first 4fills; not to exceed a 12-days' supply in a 60-day period • Morphine Equivalent Dose Edit (MEQD): 90 MME for new starts and 200 MME for existing utilizer Drug Quantity Management (DQM) for Fentanyl patches, Benzodiazepines, Gabapentin and Select Muscle Relaxants
Livongo - - Diabetes Remote Monitoring	\$67 per participating patient per month with 6 months minimum billing per activation
Livongo – Hypertension Remote Monitoring	\$39 per participating patient per month with 6 months minimum billing per activation
Livongo – StepIn weight-loss remote monitoring	\$50 per participating patient per month for months 1-12; \$25 per participating patient per monthfor months 13+; 12 months minimum billing per activation
LifeScan – One Touch Reveal Diabetes Remote Monitoring	\$45 per participating patient per month with 6 months minimum billing per activation
Omada - - Diabetes Remote Monitoring	\$82 per participating patient per month with 3 months minimum billing per activation
Omada – Hypertension Remote Monitoring	\$53 per participating patient per month with 3 months minimum billing per activation
Omada – StepIn weight-loss remote monitoring	\$50 per participating patient per month for months 1-12; \$28 per participating patient per monthfor months 13+; 3 months minimum billing per activation
Omada – Diabetes + Hypertension remote monitoring	\$91 per participating patient per month with 3 months minimum billing per activation
Propeller - Pulmonary Remote Monitoring	\$4.50 per targeted patient per month with 6-months minimum billing
inMynd Behavioral Health Solution	\$0.29 PMPM
SilverCloud Digital Cognitive Behavioral Therapy – for depression, anxiety or insomnia	\$0.15 PMPM
LifeScan OneTouch Reveal Plus	\$60 per participating patient per month for a minimum of 6 months
Buoy Back with Care	\$1.25 per utilizer per month A “Utilizer” is defined as a user who completes at least one instance of symptom tracking and clearance within a given calendar month.
Hinge Health – Digital Musculoskeletal Care	\$82.92 per participating patient per month for a minimum of 12 months
Omada Musculoskeletalby Physera – Digital Musculoskeletal Care	\$44.58 per participating patient per month for a minimum of 12 months
RecoveryOne – Digital Musculoskeletal Care	\$97.50 per participating patient per month for a minimum of 12 months
Quit Genius – Tobacco & Vaping Cessation	\$35.00 per participating patient per month for a minimum of 12 months

Health Choices	Fee
Formulary Notification	No charge for standard
Drug Conversion Program at Home Delivery	No charge (included in base offering)
My Pharmacy Options	No charge (included in base offering)
Enhanced Fraud, Waste, & Abuse	<u>Commercial</u> \$0.05 PMPM <u>Medicaid</u> \$0.05 PMPM <u>Medicare Part D</u> \$0.04 per claim
Value Based Insurance Design (VBID)	<u>Members enrolled using automated file</u> Standard file layout/clinical rules Install set up: \$15,000 per vendor Maintenance: \$500 per month (\$750/month if quarterly eligibility reporting is requested) Custom file layout/custom rules: Sponsor specific, priced upon request Eligibility Reporting: \$1,000 per ad hoc report <u>Manual set up</u> Standard Clinical Rules Install set up: \$5,000 per vendor/client Maintenance: \$500 per month (\$750/month if quarterly eligibility reporting is requested) Custom Rules: Sponsor specific, priced upon request Eligibility Reporting: \$1,000 per ad hoc report <u>Changes after go-live:</u> Vendor add: \$10,000 Program add: \$5,000 New carrier: \$5,000 Customization: client specific, priced upon request
ACA Statin Trend Management Solution	\$0.03 PMPM
Emerging Therapeutic Issues Program (ETIP): Alerts members and healthcare professionals about significant safety-related drug recalls and market withdrawals for scripts filled at retail pharmacies.	\$0.05 PMPM * <i>*standard mailed letter fees as outlined in Sponsor's PBM Contract also apply</i>

III. EGWP Administrative Fees

Optional PBM Services

Additional PBM Services	Fee
Claims Processing	
Member Submit Fee Medicaid	\$10.00 per claim
Subrogation Claims Medicare	\$10.00 per paid claim
Subrogation Claims	\$10.00 per paid claim
Medicare Part B Solution	
Integrated Retail & Mail Program	\$0.42 PMPM
Premium Billing	
EGWP Enrollee Premium Billing	Pricing available upon request
Account and EGWP Enrollee Services	
EGWP Enrollee Requested Materials	\$1.50 + postage per packet
Client requested Re-carding	\$1.50 + postage per packet
Custom materials	Priced upon request
Mailings over five pages in length	Priced upon request
Reviews and Appeals Management	
UM Program Initial Determinations and Redeterminations (Level One Appeals)	Included in EGWP Admin Fee

Benefit Review Initial Determinations and Level One Appeals for plan designed related requests not related to the UM program, such as:	Included in EGWP Admin Fee
<ul style="list-style-type: none"> • Medicare Part D Exclusive Reviews • Tiering Exception Reviews • Administrative Reviews 	
Medicare Publications*	
Abridged guidebook, Displaying only drugs and UM submitted to CMS (via HPMS)	\$1600
Abridged guidebook with some customizations	\$1950
Comprehensive guidebook, including non-HPMS drugs	\$1950
*Please note that the above publication rates apply to clients that are not utilizing the standard guidebook offering already produced.	

ESI's EGWP Plus administrative fee includes the following services:

Implementation
Implementation and support for up to two plan design Incremental Cost for implementing multiple plan designs - \$5,000 per plan design per year
Medicare Part D Formulary and Network Management
Contracting of retail, long term care, and home infusion networks to conform to CMS access requirements Establishment of a CMS approved Formulary and P&T Committee support Formulary management and change notification communications Administration of manufacturer rebate contracts in compliance with CMS requirements
Electronic Pharmacy Benefit Eligibility Verification
Electronic Pharmacy Benefit Eligibility Verification – Core Services
Claims Processing
Electronic Claims Processing
Enrollment Management
Electronic Eligibility submission Initial enrollment, age-in members, low-income management Eligibility/Enrollment status reporting
Home Delivery Services
Processing and delivery of prescriptions received via Internet, fax, phone or mail Prescription Delivery - Standard Therapeutic Resource Center services where appropriate Mail Programs where appropriate Participation in Mail Marketing Programs where appropriate Refill orders received by phone or Internet 24 hours a day, 7 days a week Handling and postage expense of mail-order prescriptions. If postage rates (i.e., U.S. mail and/or applicable commercial courier services) increase during the Term of this Contract, the Dispensing Fee will be increased to reflect such increase(s). Braille prescription labels for visually impaired Communication/educational materials included in medication packages: <ul style="list-style-type: none"> • Summary statement of benefit account • Drug Information Leaflet with each new prescription • Buck slips highlighting benefit components • Pre-addressed pharmacy order form/envelope Refill or renewal form (when appropriate)

<p>Specialty Pharmacy Services</p> <p>Clinical support, including:</p> <ul style="list-style-type: none"> • Patient tele-counseling from specially trained pharmacists and nurses • Care management including information and support directly to the patient • Coordination of care with the patient’s case manager and/or home care agency • Specialty drug educational materials and product information <p>Toll-free telephone line for members using specialty drugs</p> <p>Ancillary supplies (such as needles and syringes) provided with self-inject able medications</p> <p>Logistics coordination of delivery to patient’s home or physician’s office</p> <p>Express delivery to physician’s office or patient’s home</p> <ul style="list-style-type: none"> • Standard two-day delivery. If postage rates (i.e., U.S. mail and/or applicable commercial courier services) increase during the Term of this Contract, the Dispensing Fee will be increased to reflect such increase(s). • Overnight delivery if required by physician (excluding Sundays). If postage rates (i.e., U.S. mail and/or applicable commercial courier services) increase during the Term of this Contract, the Dispensing Fee will be increased to reflect such increase(s). <p>Comprehensive drug utilization management review applied to specialty pharmacy related medical and prescription claims</p> <p>Enhanced physician services including communication materials, forms, informational hotline</p> <p>Analysis of integrated pharmacy and medical claims databases to identify persons using specialty medications</p> <p>Targeted communications, including:</p> <ul style="list-style-type: none"> • An initial mailing upon enrollment notifying members of the change in plan coverage • Follow-up mailings and outbound phone calls notifying members of their eligibility for services from the specialty pharmacy <p>Additional services available</p> <p>Mailings direct to members, physicians or plan location - Quoted Upon Request</p>
<p>Medicare Processing and Reporting Services</p> <p>Interaction with CMS and federal agencies to ensure compliance and applicable laws</p>
<p>Manage contact with CMS</p> <p>Evaluate actuarial equivalence upon request</p> <p>Processing, reconciliation, and reporting of CMS Direct Subsidy, CMS Low-Income Premium and Cost-Sharing, Coverage Gap Discount Payments, and CMS Catastrophic Reinsurance (subject to plan design)</p> <p>LIS Premium Refund Service</p> <p>Subsidies will only be received on behalf of members approved by CMS as eligible for the PDP. Any member rejected by CMS will not be eligible for any of the subsidies outlined above. To the extent that CMS, for any reason, re-opens a reconciliation window with the PDP, the PDP has the right to re-open reconciliation with Sponsor for any of the above subsidies</p> <p>Client management and financial reporting</p> <p>Preparation of all data necessary to meet Medicare Part D Reporting Requirements Development and transmission of applicable files to CMS as part of program administration</p> <p>All CMS reporting requirements related to rebates, network access, TrOOP, clinical program management, claims administration, operational compliance, and other reports as required by CMS</p> <p>Maintenance and support of CMS “Prescription Drug Event” (claim) process</p> <ul style="list-style-type: none"> • Maintenance and distribution of PDE files • Process to manage CMS responses • Resolution of PDE rejects <p>Support of up to one regulatory audit CMS might perform on behalf of Sponsor if applicable</p>
<p>Website</p> <p>Express-Scripts.com for Clients & Advisors — access to:</p> <ul style="list-style-type: none"> • Reporting tools • Eligibility Member status reporting • Contact directory • Sales and marketing information • Benefit and enrollment support secured through Risk Base Authentication Express-Scripts.com for Members • Benefit, drug, health and wellness information • Prescription ordering capability • Customer service

Account and Member Service

Assigned account team
 Annual pharmacy benefit strategic planning with quarterly review
 Medicare Call-Center Services including support for Sponsor's open enrollment (open enrollment support is dependent on Sponsor submitting benefit information within the required timeframe for support)
 Grievance management
 Centralized administration for payment of claim and administrative fees
 Training for online tools
 Care and Safety Management Education

EGWP Enrollee Communications

Development of communication templates, customer service scripting, and other communication tools
 Development of template language to be included in open enrollment materials
 Providing Medicare required member communications, as applicable.

- Pre-notification Letters (Including benefit overview)
- Notice of Non-Discrimination/Multi-Language Insert

New Enrollee Packets

- EGWP Enrollee ID card
- Welcome Letter
- Quick Reference Guide
- Welcome Letter
- Benefit Overview
- Pharmacy /Formulary/Evidence of Coverage Locator Notice
- Low Income Subsidy (LIS) Rider
- HIPAA Notice
- Home Delivery Order Form
- Notice of Non-Discrimination/Multi-Language Insert

On-Going – All CMS required communications are included, such as:

- Transition Supply Letters
- Explanation of Benefits (EOBs)
- Medication Therapy Management (MTM) Letters
- Coverage Determination Letters
- Grievance and Appeals Letters
- Low Income Subsidy (LIS) Riders
- Late Enrollment Penalty (LEP) Attestation Letters
- Enrollment/Disenrollment Letters
- 60 Day Formulary Notification Letters
- Notice of Non-Discrimination/Multi-Language Insert
- Other CMS required notifications

Renewal EGWP Enrollee Packet

- Annual Notice of Changes (ANOC)
- Pharmacy /Formulary/Evidence of Coverage Locator Notice
- Low Income Subsidy (LIS) Rider
- Notice of Non-Discrimination/Multi-Language Insert

Clinical Services

Concurrent Drug Utilization Reporting (DUR)
 Retrospective DUR
 Medication Therapy Management and reporting
 Enhanced Fraud, Waste, and Abuse Program
 CMS Approved Utilization Management Programs including Drug Quantity Management, Prior Authorization, and Step Therapy

Participating Pharmacies

Pharmacy Audit
 Pharmacy Help Desk
 Pharmacy Network Management
 Network Development Upon Request
 Pharmacy Reimbursement

IV. EGWP Clinical/Trend Programs.

ESI offers a comprehensive suite of trend and integrated health management programs. With a 360-degree view of the patient, ESI promotes changes that maximize health outcomes and value – reducing prescription waste, enabling better overall health and value, enriching the care continuum and managing medication therapy and safety. These offerings may change or be discontinued from time to time as ESI updates its offerings to meet the needs of the marketplace.

Health Choices	Fee	
Health Connect 360	\$1.65 PMPM (EGWP) The following clinical capabilities may be leveraged: <ul style="list-style-type: none"> • Member Care Support • Physician Support • Pharmacy Support Plan Management Support	
Concurrent DUR	No charge (included in base offering)	
ScreenRx : medication adherence solution	\$0.25 PMPM	
Enhanced ScreenRx	\$1.50 PMPM	
RationalMed: An advanced patient safety solution integrating medical, prescription, and labdata	\$0.30 PMPM all years *Sponsors with 5-10K lives may incur a one-time medical/lab data onboarding fee dependent on vendors	
Retrospective DUR: A patient safety solution integrating prescription data	Included in EGWP Admin Fee: Retrospective DUR Bundle included in EGWP Admin Fee <i>Includes the expanded rule set for adverse drug disease and adverse drug interaction, as well as rules to address drug therapy duplication, excessive dosing, misuse/abuse, drug pregnancy, drug age consideration, and polypharmacy over 65.</i>	
MediCUBE/Academic Detailing	\$0.20 PMPM (Commercial & EGWP)	
Forensic Pharmacy: provider outreach focusing on high cost claims and potential abuse and misuse of the pharmacy benefit	Client Lives Count	Fee
	<25,000	\$0.25 PMPM
	25,000-50,000	\$0.20 PMPM
	50,000-100,000	\$0.15 PMPM
	>100,000	\$0.10 PMPM

Health Choices	Fee
Physician Care Alerts	<p>Adherence Module: \$0.03 PMPM</p> <ul style="list-style-type: none"> This module identifies patients and alerts providers who are late to fill their diabetes, hypertension, and/or cholesterol medications. <p>Omission Module: \$0.03 PMPM</p> <ul style="list-style-type: none"> This module identifies and alerts providers to diabetic patients that have not been prescribed a recommended statin; patients with either a risk of repeated overdose or receiving opioid use treatment disorder that have not been prescribed recommended naloxone; and patients with an omission of opioid use disorder medication in pregnancy. <p>High-Risk Medication Module: \$0.03 PMPM</p> <ul style="list-style-type: none"> This module targets patients 65 years and older taking a medication that has been identified by the Centers for Medicare & Medicaid Services (CMS) as a high-risk medication for elderly patients. <p>HEDIS Module: \$0.03 PMPM</p> <ul style="list-style-type: none"> This module identifies patients late to fill their asthma/COPD, osteoporosis, depression, schizophrenia/antipsychotic and rheumatoid arthritis medications. Identifies potentially harmful drug-disease interactions in older adults. Identifies patients with multiple medications and safety risks specific to opioids. A clinical alert is sent to the prescribing physician(s). <p>Physician Care Alert Package: \$0.07 PMPM</p> <ul style="list-style-type: none"> Select any 3 modules: Adherence Module, Omission Module, High-Risk Medication Module, or HEDIS Module. <p>HEDIS Bundle: \$0.10 PMPM</p> <p>The HEDIS Bundle includes the full spectrum of HEDIS supported modules outlined above – Adherence Module, Omission Module, High Risk Medication Module, and HEDIS Module.</p>
Livongo – Diabetes Remote Monitoring	\$67 per participating patient per month with 6 months minimum billing per activation
Livongo – Hypertension Remote Monitoring	\$39 per participating patient per month with 6 months minimum billing per activation
Livongo – StepIn weight-loss remote monitoring	\$50 per participating patient per month for months 1-12; \$25 per participating patient per month for months 13+; 12 months minimum billing per activation
LifeScan – One Touch Reveal diabetes remote monitoring	\$45 per participating patient per month with 6 months minimum billing per activation
Propeller - Pulmonary Remote Monitoring	\$4.50 per targeted patient per month with 6-months minimum billing
SilverCloud Digital Cognitive Behavioral Therapy – for depression, anxiety or insomnia	\$0.15 PMPM
LifeScan OneTouch Reveal Plus	\$60 per participating patient per month for a minimum of 6 months
Hinge Health – Digital Musculoskeletal Care	\$82.92 per participating patient per month for a minimum of 12 months
Omada Musculoskeletal by Physera – Digital Musculoskeletal Care	\$44.58 per participating patient per month for a minimum of 12 months
RecoveryOne – Digital Musculoskeletal Care	\$97.50 per participating patient per month for a minimum of 12 months
Quit Genius – Tobacco & Vaping Cessation	\$35.00 per participating patient per month for a minimum of 12 months
inMynd Behavioral Health Solution	\$0.29 PMPM
Health Choices	Fee

Emerging Therapeutic Issues Program (ETIP): Alerts members and healthcare professionals about significant safety-related drug recalls and market withdrawals for scripts filled at retail pharmacies.	\$0.05 PMPM * *standard mailed letter fees as outlined in Sponsor’s PBM Contract also apply
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Medicare	Fee
Medicare Medication Therapy Management (MTM)	Included in EGWP Admin Fee
eMTM (for clients with Medicare MTM)	Prescriber Outreach: \$0.26 PMPM Member and Prescriber Outreach: \$0.52 PMPM
Advanced Opioid Management	\$0.30 PMPM <ul style="list-style-type: none"> • Proactive Opioid Member Education Letter • Prescriber Education & Peer Comparison • Opioid Neuroscience Pharmacist Outreach (TRC) • Opioid and Opioid Adjacent (benzodiazepine, gabapentin & select muscle relaxants) Physician Care Alerts Drug Deactivation Disposal Bags
Medicare Drug Management Program: Supports Medicare plans in meeting CMS requirements for drug management programs and the overutilization monitoring system	\$0.03 PMPM

Drug Choice Programs	Fee
Formulary Notification	No charge for standard
Drug Conversion Program at Home Delivery and retail: Brand to Generic	No charge (included in base offering)
Enhanced Fraud, Waste, & Abuse	Included in EGWP Admin Fee
My Pharmacy Options	No Charge (included in base offering)
Value Based Insurance Design (VBID)	<p><u>Members enrolled using automated file</u></p> <p>Standard file layout/clinical rules Install set up: \$15,000 per vendor Maintenance: \$500 per month (\$750/month if quarterly eligibility reporting is requested) Custom file layout/custom rules: Sponsor specific, priced upon request Eligibility Reporting: \$1,000 per ad hoc report</p> <p><u>Manual set up</u></p> <p>Standard Clinical Rules Install set up: \$5,000 per vendor/client Maintenance: \$500 per month (\$750/month if quarterly eligibility reporting is requested) Custom Rules: Sponsor specific, priced upon request Eligibility Reporting: \$1,000 per ad hoc report</p> <p><u>Changes after go-live:</u></p> <p>Vendor add: \$10,000 Program add: \$5,000 New carrier: \$5,000</p> <p>Customization: client specific, priced upon request</p>

Drug Choice Programs	Fee
<p>Utilization Management</p> <p>Drug Quantity Management- quantity dispensed per prescription Prior Authorization – intervene to support appropriate use at the point of service through pre-established clinical criteria</p> <p>Step Therapy – intervene to support the use of less expensive and clinically appropriate medications at the point of sale</p>	<p>The following options are included in the Admin Fee:</p> <p>CMS minimum rules or required EGWP</p> <p>CMS minimum impacted rulesFull</p> <p>Suite</p>

EXHIBIT D Specialty Drugs Under the Mail Order Pharmacy Program

Commercial

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
ALPHA 1 DEFICIENCY	ARALAST NP	16.00%	\$0.00	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	GLASSIA	16.00%	\$0.00	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	PROLASTIN (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	ZEMAIRA	16.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	ARIXTRA	16.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	ENOXAPARIN SODIUM	20.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	FONDAPARINUX SODIUM	20.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	FRAGMIN	16.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	LOVENOX	16.00%	\$0.00	Pass-through	Pass-through
ASTHMA	CINQAIR	No Access	No Access	Pass-through	Pass-through
ASTHMA	DUPIXENT	18.50%	\$0.00	Pass-through	Pass-through
ASTHMA	FASENRA	18.50%	\$0.00	Pass-through	Pass-through
ASTHMA	NUCALA	18.50%	\$0.00	Pass-through	Pass-through
ASTHMA	ORALAIR	No Access	No Access	Pass-through	Pass-through
ASTHMA	PALFORZIA	No Access	No Access	Pass-through	Pass-through
ASTHMA	XOLAIR	18.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ADAKVEO	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ARANESP	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	CABLIVI	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	COSELA	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	DOPTELET	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ENDARI	15.80%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	EPOGEN	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	FULPHILA	15.80%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	GRANIX	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
BLOOD CELL DEFICIENCY	LEUKINE	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	MOZOBIL	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	MULPLETA	15.80%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NEULASTA	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NEUPOGEN	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NIVESTYM (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NPLATE	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NYVEPRIA	15.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	OXBRYTA	14.70%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	PROCRIT	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	PROMACTA	16.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	REBLOZYL	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	RETACRIT	8.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	TAVALISSE	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	UDENYCA	15.80%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ZIEXTENZO	15.00%	\$0.00	Pass-through	Pass-through
CANCER	ABECMA	No Access	No Access	Pass-through	Pass-through
CANCER	ABIRATERONE ACETATE	30.00%	\$0.00	Pass-through	Pass-through
CANCER	ABRAXANE	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ADCETRIS	15.00%	\$0.00	Pass-through	Pass-through
CANCER	AFINITOR (all forms and strengths)	15.00%	\$0.00	Pass-through	Pass-through
CANCER	ALECENSA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	ALIQOPA	No Access	No Access	Pass-through	Pass-through
CANCER	ALUNBRIG	No Access	No Access	Pass-through	Pass-through
CANCER	ARRANON	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ARZERRA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ASPARLAS	No Access	No Access	Pass-through	Pass-through
CANCER	AVASTIN	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	AYVAKIT	No Access	No Access	Pass-through	Pass-through
CANCER	AZACITIDINE	16.00%	\$0.00	Pass-through	Pass-through
CANCER	AZEDRA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
CANCER	BALVERSA	No Access	No Access	Pass-through	Pass-through
CANCER	BAVENCIO	No Access	No Access	Pass-through	Pass-through
CANCER	BELEODAQ	No Access	No Access	Pass-through	Pass-through
CANCER	BELRAPZO	15.00%	\$0.00	Pass-through	Pass-through
CANCER	BENDEKA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	BESPONSA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	BEXAROTENE	18.50%	\$0.00	Pass-through	Pass-through
CANCER	BLENREP	No Access	No Access	Pass-through	Pass-through
CANCER	BLINCYTO	No Access	No Access	Pass-through	Pass-through
CANCER	BORTEZOMIB	No Access	No Access	Pass-through	Pass-through
CANCER	BOSULIF	16.00%	\$0.00	Pass-through	Pass-through
CANCER	BRAFTOVI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	BREYANZI	No Access	No Access	Pass-through	Pass-through
CANCER	BRUKINSA	No Access	No Access	Pass-through	Pass-through
CANCER	CABOMETYX	16.00%	\$0.00	Pass-through	Pass-through
CANCER	CALQUENCE	No Access	No Access	Pass-through	Pass-through
CANCER	CAPECITABINE	16.00%	\$0.00	Pass-through	Pass-through
CANCER	CAPRELSA	No Access	No Access	Pass-through	Pass-through
CANCER	COMETRIQ	15.80%	\$0.00	Pass-through	Pass-through
CANCER	COPIKTRA	No Access	No Access	Pass-through	Pass-through
CANCER	COTELLIC	16.00%	\$0.00	Pass-through	Pass-through
CANCER	CYRAMZA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	DACOGEN	15.00%	\$0.00	Pass-through	Pass-through
CANCER	DANYELZA	No Access	No Access	Pass-through	Pass-through
CANCER	DARZALEX (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	DAURISMO	15.80%	\$0.00	Pass-through	Pass-through
CANCER	DECITABINE	15.00%	\$0.00	Pass-through	Pass-through
CANCER	DEFERASIROX	20.00%	\$0.00	Pass-through	Pass-through
CANCER	ELIGARD	16.00%	\$0.00	Pass-through	Pass-through
CANCER	EMPLICITI	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ENHERTU	14.70%	\$0.00	Pass-through	Pass-through
CANCER	ERBITUX	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ERIVEDGE	14.00%	\$0.00	Pass-through	Pass-through
CANCER	ERLEADA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ERLOTINIB	25.00%	\$0.00	Pass-through	Pass-through
CANCER	ERWINAZE	No Access	No Access	Pass-through	Pass-through
CANCER	EVEROLIMUS	30.00%	\$0.00	Pass-through	Pass-through
CANCER	EVOMELA	No Access	No Access	Pass-through	Pass-through
CANCER	FARYDAK	16.00%	\$0.00	Pass-through	Pass-through
CANCER	FIRMAGON	15.00%	\$0.00	Pass-through	Pass-through
CANCER	FOLOTYN	15.00%	\$0.00	Pass-through	Pass-through
CANCER	FOTIVDA	No Access	No Access	Pass-through	Pass-through
CANCER	GAVRETO (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
CANCER	GAZYVA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	GILOTRIF	15.00%	\$0.00	Pass-through	Pass-through
CANCER	GLEEVEC	18.50%	\$0.00	Pass-through	Pass-through
CANCER	HALAVEN	15.00%	\$0.00	Pass-through	Pass-through
CANCER	HERCEPTIN	16.00%	\$0.00	Pass-through	Pass-through
CANCER	HERZUMA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	HYCAMTIN	16.00%	\$0.00	Pass-through	Pass-through
CANCER	IBRANCE	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ICLUSIG	No Access	No Access	Pass-through	Pass-through
CANCER	IDHIFA	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	IMATINIB MESYLATE	22.00%	\$0.00	Pass-through	Pass-through
CANCER	IMBRUVICA	No Access	No Access	Pass-through	Pass-through
CANCER	IMFINZI	16.00%	\$0.00	Pass-through	Pass-through
CANCER	IMLYGIC	No Access	No Access	Pass-through	Pass-through
CANCER	INLYTA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	INQOVI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	INREBIC	15.80%	\$0.00	Pass-through	Pass-through
CANCER	INTRON A	16.00%	\$0.00	Pass-through	Pass-through
CANCER	IRESSA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	ISTODAX	16.00%	\$0.00	Pass-through	Pass-through
CANCER	IXEMPRA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	JADENU (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
CANCER	JAKAFI	16.00%	\$0.00	Pass-through	Pass-through
CANCER	JELMYTO	No Access	No Access	Pass-through	Pass-through
CANCER	JEMPERLI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	JEVTANA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	KADCYLA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	KANJINTI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	KEPIVANCE	No Access	No Access	Pass-through	Pass-through
CANCER	KEYTRUDA	No Access	No Access	Pass-through	Pass-through
CANCER	KISQALI (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
CANCER	KOSELUGO	No Access	No Access	Pass-through	Pass-through
CANCER	KYMRIAH	No Access	No Access	Pass-through	Pass-through
CANCER	KYPROLIS	No Access	No Access	Pass-through	Pass-through
CANCER	LAPATINIB	16.00%	\$0.00	Pass-through	Pass-through
CANCER	LENVIMA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	LEUPROLIDE ACETATE	22.00%	\$0.00	Pass-through	Pass-through
CANCER	LIBTAYO	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	LONSURF	16.00%	\$0.00	Pass-through	Pass-through
CANCER	LORBRENA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	LUMAKRAS	15.80%	\$0.00	Pass-through	Pass-through
CANCER	LUMOXITI	No Access	No Access	Pass-through	Pass-through
CANCER	LUPANETA PACK	16.00%	\$0.00	Pass-through	Pass-through
CANCER	LUPRON DEPOT (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
CANCER	LUTATHERA	No Access	No Access	Pass-through	Pass-through
CANCER	LYNPARZA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	LYSODREN	No Access	No Access	Pass-through	Pass-through
CANCER	MARGENZA	No Access	No Access	Pass-through	Pass-through
CANCER	MARQIBO	No Access	No Access	Pass-through	Pass-through
CANCER	MATULANE	No Access	No Access	Pass-through	Pass-through
CANCER	MEKINIST	16.00%	\$0.00	Pass-through	Pass-through
CANCER	MEKTOVI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	MONJUVI	No Access	No Access	Pass-through	Pass-through
CANCER	MVASI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	MYLOTARG	14.70%	\$0.00	Pass-through	Pass-through
CANCER	NERLYNX	16.00%	\$0.00	Pass-through	Pass-through
CANCER	NEXAVAR	15.00%	\$0.00	Pass-through	Pass-through
CANCER	NINLARO	16.00%	\$0.00	Pass-through	Pass-through
CANCER	NUBEQA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	NULIBRY	No Access	No Access	Pass-through	Pass-through
CANCER	ODOMZO	16.00%	\$0.00	Pass-through	Pass-through
CANCER	OGIVRI	14.00%	\$0.00	Pass-through	Pass-through
CANCER	ONIVYDE	No Access	No Access	Pass-through	Pass-through
CANCER	ONTRUZANT	No Access	No Access	Pass-through	Pass-through
CANCER	ONUREG	15.80%	\$0.00	Pass-through	Pass-through
CANCER	OPDIVO	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	ORGOVYX	No Access	No Access	Pass-through	Pass-through
CANCER	PADCEV	15.80%	\$0.00	Pass-through	Pass-through
CANCER	PEGASYS	18.50%	\$0.00	Pass-through	Pass-through
CANCER	PEG-INTRON	16.00%	\$0.00	Pass-through	Pass-through
CANCER	PEMAZYRE	No Access	No Access	Pass-through	Pass-through
CANCER	PERJETA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	PHESGO	14.70%	\$0.00	Pass-through	Pass-through
CANCER	PIQRAY	15.80%	\$0.00	Pass-through	Pass-through
CANCER	POLIVY	15.80%	\$0.00	Pass-through	Pass-through
CANCER	POMALYST	16.00%	\$0.00	Pass-through	Pass-through
CANCER	PORTRAZZA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	POTELIGEO	No Access	No Access	Pass-through	Pass-through
CANCER	PROLEUKIN	16.00%	\$0.00	Pass-through	Pass-through
CANCER	PROTHELIAL	No Access	No Access	Pass-through	Pass-through
CANCER	PROVENGE	No Access	No Access	Pass-through	Pass-through
CANCER	PURIXAN	No Access	No Access	Pass-through	Pass-through
CANCER	QINLOCK	No Access	No Access	Pass-through	Pass-through
CANCER	RETEVMO	15.80%	\$0.00	Pass-through	Pass-through
CANCER	REVLIMID	16.00%	\$0.00	Pass-through	Pass-through
CANCER	RIABNI	13.70%	\$0.00	Pass-through	Pass-through
CANCER	RITUXAN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ROZLYTREK	15.80%	\$0.00	Pass-through	Pass-through
CANCER	RUBRACA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	RUXIENCE	13.00%	\$0.00	Pass-through	Pass-through
CANCER	RYBREVANT	15.80%	\$0.00	Pass-through	Pass-through
CANCER	RYDAPT	16.00%	\$0.00	Pass-through	Pass-through
CANCER	RYLAZE	No Access	No Access	Pass-through	Pass-through
CANCER	SARCLISA	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	SPRYCEL	14.00%	\$0.00	Pass-through	Pass-through
CANCER	STIVARGA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	SUTENT	16.00%	\$0.00	Pass-through	Pass-through
CANCER	SYLATRON (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
CANCER	SYLVANT	15.00%	\$0.00	Pass-through	Pass-through
CANCER	SYNRIBO	No Access	No Access	Pass-through	Pass-through
CANCER	TABRECTA	14.70%	\$0.00	Pass-through	Pass-through
CANCER	TAFINLAR	16.00%	\$0.00	Pass-through	Pass-through
CANCER	TAGRISSE	15.00%	\$0.00	Pass-through	Pass-through
CANCER	TALZENNA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	TARCEVA	18.50%	\$0.00	Pass-through	Pass-through
CANCER	TARGRETIN	18.50%	\$0.00	Pass-through	Pass-through
CANCER	TASIGNA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	TAZVERIK	No Access	No Access	Pass-through	Pass-through
CANCER	TECARTUS	No Access	No Access	Pass-through	Pass-through
CANCER	TECENTRIQ	15.00%	\$0.00	Pass-through	Pass-through
CANCER	TEMODAR	16.00%	\$0.00	Pass-through	Pass-through
CANCER	TEMOZOLOMIDE	25.00%	\$0.00	Pass-through	Pass-through
CANCER	TEMSIROLIMUS	15.80%	\$0.00	Pass-through	Pass-through
CANCER	TEPMETKO	No Access	No Access	Pass-through	Pass-through
CANCER	THALOMID	16.00%	\$0.00	Pass-through	Pass-through
CANCER	THYROGEN	15.00%	\$0.00	Pass-through	Pass-through
CANCER	TIBSOVO	No Access	No Access	Pass-through	Pass-through
CANCER	TOPOTECAN HCL	16.00%	\$0.00	Pass-through	Pass-through
CANCER	TORISEL	16.00%	\$0.00	Pass-through	Pass-through
CANCER	TRAZIMERA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	TREANDA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	TRODELVY	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	TRUSELTIQ	No Access	No Access	Pass-through	Pass-through
CANCER	TRUXIMA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	TUKYSA	No Access	No Access	Pass-through	Pass-through
CANCER	TURALIO	No Access	No Access	Pass-through	Pass-through
CANCER	TYKERB	15.00%	\$0.00	Pass-through	Pass-through
CANCER	UKONIQ	No Access	No Access	Pass-through	Pass-through
CANCER	UNITUXIN	No Access	No Access	Pass-through	Pass-through
CANCER	VALCHLOR	5.40%	\$0.00	Pass-through	Pass-through
CANCER	VALRUBICIN	15.00%	\$0.00	Pass-through	Pass-through
CANCER	VALSTAR	15.00%	\$0.00	Pass-through	Pass-through
CANCER	VANTAS	15.00%	\$0.00	Pass-through	Pass-through
CANCER	VECTIBIX	15.00%	\$0.00	Pass-through	Pass-through
CANCER	VELCADE	16.00%	\$0.00	Pass-through	Pass-through
CANCER	VENCLEXTA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
CANCER	VERZENIO	16.00%	\$0.00	Pass-through	Pass-through
CANCER	VIDAZA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	VISTOGARD	No Access	No Access	Pass-through	Pass-through
CANCER	VITRAKVI	15.80%	\$0.00	Pass-through	Pass-through
CANCER	VIZIMPRO	15.80%	\$0.00	Pass-through	Pass-through
CANCER	VOTRIENT	15.00%	\$0.00	Pass-through	Pass-through
CANCER	VYXEOS (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
CANCER	XALKORI	16.00%	\$0.00	Pass-through	Pass-through
CANCER	XELODA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	XGEVA	15.00%	\$0.00	Pass-through	Pass-through
CANCER	XOFIGO	No Access	No Access	Pass-through	Pass-through
CANCER	XOSPATA	No Access	No Access	Pass-through	Pass-through
CANCER	XPOVIO	No Access	No Access	Pass-through	Pass-through
CANCER	XTANDI	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	YERVOY	16.00%	\$0.00	Pass-through	Pass-through
CANCER	YESCARTA	No Access	No Access	Pass-through	Pass-through
CANCER	YONDELIS	No Access	No Access	Pass-through	Pass-through
CANCER	YONSA	15.80%	\$0.00	Pass-through	Pass-through
CANCER	ZALTRAP	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZARXIO	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZEJULA	No Access	No Access	Pass-through	Pass-through
CANCER	ZELBORAF	14.00%	\$0.00	Pass-through	Pass-through
CANCER	ZEPZELCA	No Access	No Access	Pass-through	Pass-through
CANCER	ZIRABEV	14.70%	\$0.00	Pass-through	Pass-through
CANCER	ZOLADEX	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZOLEDRONIC ACID	27.20%	\$0.00	Pass-through	Pass-through
CANCER	ZOLINZA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZOMETA	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZYDELIG	16.00%	\$0.00	Pass-through	Pass-through
CANCER	ZYKADIA	14.00%	\$0.00	Pass-through	Pass-through
CANCER	ZYNLONTA	No Access	No Access	Pass-through	Pass-through
CANCER	ZYTIGA	16.00%	\$0.00	Pass-through	Pass-through
CONTRACEPTIVE	LILETTA	2.00%	\$0.00	Pass-through	Pass-through
CONTRACEPTIVE	MIRENA	No Access	No Access	Pass-through	Pass-through
CONTRACEPTIVE	NEXPLANON	2.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	BETHKIS	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	BRONCHITOL	12.70%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	CAYSTON	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	KALYDECO	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	KITABIS PAK	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	ORKAMBI	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	PULMOZYME	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CYSTIC FIBROSIS	SYMDEKO	15.80%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	TOBI (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	TRIKAFTA	15.80%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	AVEED	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	BYNFEZIA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	CRYSVITA	15.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	EGRIFTA	16.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	FENSOLVI	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	IMCIVREE	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	ISTURISA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	KORLYM	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	KUVAN	16.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	MIRCERA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	MYALEPT	12.70%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	MYCAPSSA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	NATPARA	15.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	OCTREOTIDE ACETATE	27.20%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	PALYNZIQ	15.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SANDOSTATIN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SIGNIFOR (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	SOMATULINE DEPOT	16.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SOMAVERT	15.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SUPPRELIN LA	16.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	TESTOPEL	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	TOLVAPTAN	25.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	TRIPTODUR	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ADAGEN	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ALDURAZYME	11.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
ENZYME DEFICIENCY	BRINEURA	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	CARBAGLU	11.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CERDELGA	15.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CEREZYME	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CYSTADANE	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ELAPRASE	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ELELYSO	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	FABRAZYME	11.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	GALAFOLD	11.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	KANUMA	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	LUMIZYME	15.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	MEPSEVII	13.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	MIGLUSTAT	45.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NAGLAZYME	15.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NEXVIAZYME	14.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NITISINONE	15.80%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NITYR	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ORFADIN	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	PEPAXTO	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	REVCOVI	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	SAPROPTERIN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	SUCRAID	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	VIMIZIM	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	VPRIV	16.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ZAVESCA	15.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	GENOTROPIN	18.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	HUMATROPE	18.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	INCRELEX	8.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
GROWTH DEFICIENCY	MACRILEN	14.70%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	NORDITROPIN (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	NUTROPIN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	OMNITROPE	16.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	SAIZEN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	SEROSTIM	16.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	ZOMACTON	16.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	ZORBTIVE	16.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ADVATE (all forms and strengths)	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ADYNOVATE	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	AFSTYLA	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPHANATE	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPHANINE SD	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPROLIX	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	BENEFIX	12.70%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	CEPROTIN	14.70%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	COAGADEX	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	CORIFACT	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	DDAVP	14.70%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	DESMOPRESSIN ACETATE	45.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ELOCTATE	25.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ESPEROCT	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	FEIBA NF (all forms and strengths)	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	FIBRYGA	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	HEMLIBRA	19.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	HEMOFIL M	37.60%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	HUMATE-P	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	IDELVION	22.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HEMOPHILIA	IXINITY	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	JIVI	25.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOATE	30.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOGENATE FS	34.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOVALTRY	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	MONONINE	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NOVOEIGHT	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NOVOSEVEN (all forms and strengths)	30.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NUWIQ	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	OBIZUR	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	PROFILNINE SD	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	REBINYN	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RECOMBINATE	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RIASTAP	18.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RIXUBIS	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	SEVENFACT (all forms and strengths)	30.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	STIMATE	13.70%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	TRETEN	12.70%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	VONVENDI	27.20%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	WILATE	32.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	XYNTHA (all forms and strengths)	34.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	BYLVAY	13.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	EPCLUSA	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	HARVONI	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	LEDIPASVIR-SOFOSBUVIR	15.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	MAVYRET	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	MODERIBA	16.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	OCALIVA	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HEPATITIS C	REBETOL	16.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBASPHERE	55.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBASPHERE/RIBAPAK	65.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBAVIRIN	65.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	SOFOSBUVIR-VELPATASVIR	15.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	SOVALDI	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	VIEKIRA	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	VOSEVI	18.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	ZEPATIER	18.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	BERINERT	15.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	CINRYZE	11.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	FIRAZYR	15.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	HAEGARDA	15.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	ICATIBANT	25.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	KALBITOR	15.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	ORLADEYO (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	RUCONEST	15.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	TAKHZYRO	15.00%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR-LAMIVUDINE	18.50%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR-LAMIVUDINE-ZIDOVUDINE	18.50%	\$0.00	Pass-through	Pass-through
HIV	APTIVUS	18.50%	\$0.00	Pass-through	Pass-through
HIV	ATAZANAVIR SULFATE	18.50%	\$0.00	Pass-through	Pass-through
HIV	ATRIPLA	18.50%	\$0.00	Pass-through	Pass-through
HIV	BIKTARVY	18.50%	\$0.00	Pass-through	Pass-through
HIV	CIMDUO	18.50%	\$0.00	Pass-through	Pass-through
HIV	COMBIVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	COMPLERA	15.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	CRIXIVAN	18.50%	\$0.00	Pass-through	Pass-through
HIV	DELSTRIGO	12.70%	\$0.00	Pass-through	Pass-through
HIV	DESCOVY	18.50%	\$0.00	Pass-through	Pass-through
HIV	DIDANOSINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	DOVATO	15.00%	\$0.00	Pass-through	Pass-through
HIV	EDURANT	15.00%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ	20.00%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ/EMTRICITABINE/TENOFOVIR	20.00%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ/LAMIVU/TENOFOVIR	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRICITABINE	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRICITABINE/TENOFOVIR (TDF)	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRIVA	18.50%	\$0.00	Pass-through	Pass-through
HIV	EPIVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	EPZICOM	18.50%	\$0.00	Pass-through	Pass-through
HIV	ETRAVIRINE	14.00%	\$0.00	Pass-through	Pass-through
HIV	EVOTAZ	18.50%	\$0.00	Pass-through	Pass-through
HIV	FOSAMPRENAVIR	20.00%	\$0.00	Pass-through	Pass-through
HIV	FUZEON	16.00%	\$0.00	Pass-through	Pass-through
HIV	GENVOYA	18.50%	\$0.00	Pass-through	Pass-through
HIV	INTELENCE	18.50%	\$0.00	Pass-through	Pass-through
HIV	INVIRASE	18.50%	\$0.00	Pass-through	Pass-through
HIV	ISENTRISS (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
HIV	JULUCA	18.50%	\$0.00	Pass-through	Pass-through
HIV	KALETRA	18.50%	\$0.00	Pass-through	Pass-through
HIV	LAMIVUDINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	LAMIVUDINE-ZIDOVUDINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	LEXIVA	18.50%	\$0.00	Pass-through	Pass-through
HIV	LOPINAVIR - RITONAVIR	18.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	NEVIRAPINE	18.50%	\$0.00	Pass-through	Pass-through
HIV	NORVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	ODEFSEY	18.50%	\$0.00	Pass-through	Pass-through
HIV	PIFELTRO	8.50%	\$0.00	Pass-through	Pass-through
HIV	PREZCOBIX	18.50%	\$0.00	Pass-through	Pass-through
HIV	PREZISTA	18.50%	\$0.00	Pass-through	Pass-through
HIV	RESCRIPTOR	18.50%	\$0.00	Pass-through	Pass-through
HIV	RETROVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	REYATAZ	18.50%	\$0.00	Pass-through	Pass-through
HIV	RITONAVIR	30.00%	\$0.00	Pass-through	Pass-through
HIV	RUKOBIA	15.80%	\$0.00	Pass-through	Pass-through
HIV	SELZENTRY	18.50%	\$0.00	Pass-through	Pass-through
HIV	STAVUDINE	65.00%	\$0.00	Pass-through	Pass-through
HIV	STRIBILD	18.50%	\$0.00	Pass-through	Pass-through
HIV	SUSTIVA	18.50%	\$0.00	Pass-through	Pass-through
HIV	SYMFI (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
HIV	SYMITUZA	15.80%	\$0.00	Pass-through	Pass-through
HIV	TEMIXYS	15.80%	\$0.00	Pass-through	Pass-through
HIV	TENOFOVIR DISOPROXIL FUMARATE	18.50%	\$0.00	Pass-through	Pass-through
HIV	TIVICAY	18.50%	\$0.00	Pass-through	Pass-through
HIV	TRIUMEQ	18.50%	\$0.00	Pass-through	Pass-through
HIV	TRIZIVIR	18.50%	\$0.00	Pass-through	Pass-through
HIV	TRUVADA	18.50%	\$0.00	Pass-through	Pass-through
HIV	TYBOST	18.50%	\$0.00	Pass-through	Pass-through
HIV	VIDEX (all forms and strengths)	25.00%	\$0.00	Pass-through	Pass-through
HIV	VIRACEPT	18.50%	\$0.00	Pass-through	Pass-through
HIV	VIRAMUNE (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
HIV	VIREAD	18.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	ZERIT	18.50%	\$0.00	Pass-through	Pass-through
HIV	ZIAGEN	18.50%	\$0.00	Pass-through	Pass-through
HIV	ZIDOVUDINE	65.00%	\$0.00	Pass-through	Pass-through
HIV-LD	CABENUVA	14.70%	\$0.00	Pass-through	Pass-through
HIV-LD	MYTESI	14.00%	\$0.00	Pass-through	Pass-through
HIV-LD	TROGARZO	15.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	ACTIMMUNE	14.70%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	ASCENIV	14.70%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	BIVIGAM	8.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CUTAQUIG	19.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CUVITRU	30.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CYTOGAM	17.70%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	FLEBOGAMMA	No Access	No Access	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMASTAN S-D	17.70%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAGARD LIQUID	22.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAGARD S-D	27.20%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAKED	19.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAPLEX	22.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMUNEX (all forms and strengths)	19.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	HIZENTRA	30.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	HYQVIA	30.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	OCTAGAM	15.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	PANZYGA	8.00%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	PRIVIGEN	15.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	XEMBIFY	25.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	CETROTIDE	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	CHORIONIC GONADOTROPIN	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	CRINONE	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
INFERTILITY	ENDOMETRIN	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	FOLLISTIM AQ	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	GANIRELIX ACETATE	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	GONAL-F (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	KYLEENA	No Access	No Access	Pass-through	Pass-through
INFERTILITY	MENOPUR	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	NOVAREL	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	OVIDREL	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	PARAGARD	No Access	No Access	Pass-through	Pass-through
INFERTILITY	PREGNYL	16.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	PROGESTERONE	30.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	SKYLA	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ACTEMRA	8.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ARCALYST	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	AVSOLA	13.70%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	BENLYSTA	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	CIMZIA	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	COSENTYX (all forms and strengths)	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ENBREL (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ENTYVIO	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	HUMIRA (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	HYMOVIS	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ILARIS	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ILUMYA	15.80%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	INFLECTRA	17.70%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KEVZARA	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KINERET	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KRYSTEXXA	15.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
INFLAMMATORY CONDITIONS	LUPKYNIS	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	OLUMIANT	14.70%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ORENCIA (all forms and strengths)	13.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	OTEZLA	16.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	REMICADE	18.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	RENFLEXIS	13.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	RINVOQ	15.80%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SAPHNELO	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SILIQ	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SIMPONI (all forms and strengths)	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SKYRIZI	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	STELARA	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	TALTZ (all forms and strengths)	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	TREMFYA	15.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	XELJANZ (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
IRON TOXICITY	DEFERIPRONE	25.00%	\$0.00	Pass-through	Pass-through
IRON TOXICITY	EXJADE	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ACTHAR H.P.	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ADUHELM	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	APOKYN	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ARESTIN	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ARIKAYCE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	AUSTEDO	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	BOTOX	18.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CHENODAL	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CHOLBAM	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CYSTAGON	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CYSTARAN	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	DARAPRIM	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DIACOMIT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DOJOLVI	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DROXIDOPA	30.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DUOPA	2.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DYSPORT	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ELZONRIS	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EMPAVELI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ENSPRYNG	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EPIDIOLEX	12.70%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EVKEEZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	FERRIPROX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	FINTEPLA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GAMIFANT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GATTEX	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GIMOTI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GIVLAARI	13.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GOCOVRI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HEMANGEOL	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HETLIOZ	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HUMATIN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HYDROXYPROGESTERONE	20.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	INBRIJA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	INGREZZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	JUXTAPID	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	JYNARQUE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	KEVEYIS	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	MAKENA	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	MYOBLOC	18.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NORTHERA	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NOURIANZ	8.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NUPLAZID	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ONPATTRO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	OSMOLEX (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	OXLUMO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PRIALT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PROCYSBI	12.70%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PYRIMETHAMINE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	QUTENZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	RADICAVA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	RAVICTI	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ROMIDEPSIN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SABRIL	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SAMSCA	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SCENESSE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SINUVA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SOLESTA	15.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SOLIRIS	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SPRAVATO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SPRIX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	STRENSIQ	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SUBLOCADE	13.70%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TEGSEDI	13.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TETRABENAZINE	20.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	THIOLA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TIOPRONIN	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	ULTOMIRIS	15.80%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	UPLIZNA	12.70%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VARITHENA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIGABATRIN	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIGADRONE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIVITROL	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYEPTI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYLEESI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYNDAMAX	13.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYNDAQEL	13.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	WAKIX	15.80%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XENAZINE	16.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XEOMIN	5.40%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XERMELO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XIAFLEX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XURIDEN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XYREM	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XYWAV	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ZOKINVY	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ZULRESSO	No Access	No Access	Pass-through	Pass-through
MULTIPLE SCLEROSIS	AMPYRA	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	AUBAGIO	15.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	AVONEX (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	BAFIERTAM	15.80%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	BETASERON	16.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	COPAXONE	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	DALFAMPRIDINE	45.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	DIMETHYL FUMARATE (all forms and strengths)	20.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MULTIPLE SCLEROSIS	EXTAVIA	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GILENYA	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GLATIRAMER ACETATE	27.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GLATOPA	27.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	KESIMPTA	15.80%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	LEMTRADA	16.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MAVENCLAD	15.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MAYZENT	15.80%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MITOXANTRONE HCL	16.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	OCREVUS	15.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	PLEGRIDY (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	PONVORY	15.80%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	REBIF (all forms and strengths)	18.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	TECFIDERA	16.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	TYSABRI	13.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	VUMERITY	15.80%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	ZEPOSIA	15.80%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	AMONDYS 45	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EMFLAZA	14.00%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EVRYSDI	15.00%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EXONDYS 51	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	FIRDAPSE	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	RUZURGI	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	SPINRAZA	15.00%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	VILTEPSO	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	VYONDYS	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	ZOLGENSMA	15.80%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	BEOVU	11.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
OPHTHALMIC CONDITIONS	CYSTADROPS	No Access	No Access	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	DURYSTA	11.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	EYLEA	14.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	ILUVIEN	14.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	JETREA	No Access	No Access	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	LUCENTIS	16.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	LUXTURNA	14.70%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	MACUGEN	16.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	OXERVATE	15.80%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	OZURDEX	15.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	RETISERT	8.00%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	TEPEZZA	11.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	VISUDYNE	5.40%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	YUTIQ	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	DUROLANE	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	EUFLEXXA	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GEL-ONE	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GELSYN - 3	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GENVISC 850	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	HYALGAN	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	MONOVISC	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	ORTHOVISC	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	SODIUM HYALURONATE	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	SUPARTZ	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	SYNVISIC (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	TRILURON	15.80%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	TRIVISC	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	VISCO-3	16.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
OSTEOARTHRITIS	ZILRETTA	No Access	No Access	Pass-through	Pass-through
OSTEOPOROSIS	BONIVA	18.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	EVENITY	13.70%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	FORTEO	18.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	IBANDRONATE SODIUM	18.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	PROLIA	15.00%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	RECLAST	18.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	TERIPARATIDE	15.80%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	TYMLOS	18.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ADCIRCA	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ADEMPAS	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ALYQ	No Access	No Access	Pass-through	Pass-through
PULMONARY HYPERTENSION	AMBRISENTAN	25.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	BOSENTAN	25.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR EPOPROSTENOL VIAL	8.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR FLOLAN VIAL	2.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR REMODULIN	2.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR TREPROSTINIL	15.80%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	EPOPROSTENOL SODIUM (gFloLAN)	8.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	EPOPROSTENOL SODIUM (gVeletri)	8.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ESBRIET	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	FLOLAN	2.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	LETAIRIS	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	OFEV	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	OPSUMIT	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ORENITRAM	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	REMODULIN	2.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	REVATIO	18.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
PULMONARY HYPERTENSION	SILDENAFIL CITRATE	65.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TADALAFIL	34.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TOBRAMYCIN (all forms and strengths)	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TRACLEER	18.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TREPROSTINIL SODIUM	15.80%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TYVASO	8.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	UPTRAVI	16.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	UPTRAVI (IV FORMULATION)	No Access	No Access	Pass-through	Pass-through
PULMONARY HYPERTENSION	VELETRI	8.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	VENTAVIS	2.00%	\$0.00	Pass-through	Pass-through
RESPIRATORY SYNCYTIAL VIRUS	SYNAGIS	16.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ASTAGRAF XL	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	AZASAN	16.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	AZATHIOPRINE (all forms and strengths)	65.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	CELLCEPT	20.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	CYCLOSPORINE (all forms and strengths)	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ENVARBUS	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	EVEROLIMUS	30.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	GENGRAF	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	IMURAN	23.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	MYCOPHENOLATE MOFETIL	65.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	MYCOPHENOLIC ACID	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	MYFORTIC	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	NEORAL	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	NULOJIX	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	PROGRAF	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	RAPAMUNE	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	REZUROCK	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
TRANSPLANT	SANDIMMUNE	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	SIMULECT	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	SIROLIMUS	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	TACROLIMUS	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	THYMOGLOBULIN	18.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ZORTRESS	18.50%	\$0.00	Pass-through	Pass-through

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THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
ALPHA 1 DEFICIENCY	ARALAST NP	13.50%	\$0.00	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	GLASSIA	13.50%	\$0.00	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	PROLASTIN (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
ALPHA 1 DEFICIENCY	ZEMAIRA	13.50%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	ARIXTRA	13.50%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	ENOXAPARIN SODIUM	20.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	FONDAPARINUX SODIUM	20.00%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	FRAGMIN	13.50%	\$0.00	Pass-through	Pass-through
ANTICOAGULANT	LOVENOX	13.50%	\$0.00	Pass-through	Pass-through
ASTHMA	CINQAIR	No Access	No Access	Pass-through	Pass-through
ASTHMA	DUPIXENT	14.00%	\$0.00	Pass-through	Pass-through
ASTHMA	FASENRA	14.00%	\$0.00	Pass-through	Pass-through
ASTHMA	NUCALA	14.00%	\$0.00	Pass-through	Pass-through
ASTHMA	ORALAIR	No Access	No Access	Pass-through	Pass-through
ASTHMA	PALFORZIA	No Access	No Access	Pass-through	Pass-through
ASTHMA	XOLAIR	14.00%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ADAKVEO	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ARANESP	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
BLOOD CELL DEFICIENCY	CABLIVI	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	COSELA	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	DOPTELET	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ENDARI	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	EPOGEN	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	FULPHILA	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	GRANIX	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	LEUKINE	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	MOZOBIL	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	MULPLETA	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NEULASTA	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NEUPOGEN	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NIVESTYM (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NPLATE	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	NYVEPRIA	14.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	OXBRYTA	12.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	PROCRIT	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	PROMACTA	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	REBLOZYL	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	RETACRIT	7.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	TAVALISSE	No Access	No Access	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	UDENYCA	13.50%	\$0.00	Pass-through	Pass-through
BLOOD CELL DEFICIENCY	ZIEXTENZO	14.50%	\$0.00	Pass-through	Pass-through
CANCER	ABECMA	No Access	No Access	Pass-through	Pass-through
CANCER	ABIRATERONE ACETATE	27.00%	\$0.00	Pass-through	Pass-through
CANCER	ABRAXANE	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ADCETRIS	12.50%	\$0.00	Pass-through	Pass-through
CANCER	AFINITOR (all forms and strengths)	12.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	ALECENSA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	ALIQOPA	No Access	No Access	Pass-through	Pass-through
CANCER	ALUNBRIG	No Access	No Access	Pass-through	Pass-through
CANCER	ARRANON	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ARZERRA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ASPARLAS	No Access	No Access	Pass-through	Pass-through
CANCER	AVASTIN	13.50%	\$0.00	Pass-through	Pass-through
CANCER	AYVAKIT	No Access	No Access	Pass-through	Pass-through
CANCER	AZACITIDINE	13.50%	\$0.00	Pass-through	Pass-through
CANCER	AZEDRA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
CANCER	BALVERSA	No Access	No Access	Pass-through	Pass-through
CANCER	BAVENCIO	No Access	No Access	Pass-through	Pass-through
CANCER	BELEODAQ	No Access	No Access	Pass-through	Pass-through
CANCER	BELRAPZO	12.50%	\$0.00	Pass-through	Pass-through
CANCER	BENDEKA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	BESPONSA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	BEXAROTENE	14.00%	\$0.00	Pass-through	Pass-through
CANCER	BLENREP	No Access	No Access	Pass-through	Pass-through
CANCER	BLINCYTO	No Access	No Access	Pass-through	Pass-through
CANCER	BORTEZOMIB	No Access	No Access	Pass-through	Pass-through
CANCER	BOSULIF	13.50%	\$0.00	Pass-through	Pass-through
CANCER	BRAFTOVI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	BREYANZI	No Access	No Access	Pass-through	Pass-through
CANCER	BRUKINSA	No Access	No Access	Pass-through	Pass-through
CANCER	CABOMETYX	13.50%	\$0.00	Pass-through	Pass-through
CANCER	CALQUENCE	No Access	No Access	Pass-through	Pass-through
CANCER	CAPECITABINE	13.50%	\$0.00	Pass-through	Pass-through
CANCER	CAPRELSA	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	COMETRIQ	13.50%	\$0.00	Pass-through	Pass-through
CANCER	COPIKTRA	No Access	No Access	Pass-through	Pass-through
CANCER	COTELLIC	13.50%	\$0.00	Pass-through	Pass-through
CANCER	CYRAMZA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	DACOGEN	12.50%	\$0.00	Pass-through	Pass-through
CANCER	DANYELZA	No Access	No Access	Pass-through	Pass-through
CANCER	DARZALEX (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
CANCER	DAURISMO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	DECITABINE	12.50%	\$0.00	Pass-through	Pass-through
CANCER	DEFERASIROX	20.00%	\$0.00	Pass-through	Pass-through
CANCER	ELIGARD	13.50%	\$0.00	Pass-through	Pass-through
CANCER	EMPLICITI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ENHERTU	12.50%	\$0.00	Pass-through	Pass-through
CANCER	ERBITUX	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ERIVEDGE	11.50%	\$0.00	Pass-through	Pass-through
CANCER	ERLEADA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ERLOTINIB	25.00%	\$0.00	Pass-through	Pass-through
CANCER	ERWINAZE	No Access	No Access	Pass-through	Pass-through
CANCER	EVEROLIMUS	30.00%	\$0.00	Pass-through	Pass-through
CANCER	EVOMELA	No Access	No Access	Pass-through	Pass-through
CANCER	FARYDAK	13.50%	\$0.00	Pass-through	Pass-through
CANCER	FIRMAGON	12.50%	\$0.00	Pass-through	Pass-through
CANCER	FOLOTYN	12.50%	\$0.00	Pass-through	Pass-through
CANCER	FOTIVDA	No Access	No Access	Pass-through	Pass-through
CANCER	GAVRETO (all forms and strengths)	11.50%	\$0.00	Pass-through	Pass-through
CANCER	GAZYVA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	GILOTRIF	12.50%	\$0.00	Pass-through	Pass-through
CANCER	GLEEVEC	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	HALAVEN	12.50%	\$0.00	Pass-through	Pass-through
CANCER	HERCEPTIN	13.50%	\$0.00	Pass-through	Pass-through
CANCER	HERZUMA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	HYCAMTIN	13.50%	\$0.00	Pass-through	Pass-through
CANCER	IBRANCE	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ICLUSIG	No Access	No Access	Pass-through	Pass-through
CANCER	IDHIFA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	IMATINIB MESYLATE	20.00%	\$0.00	Pass-through	Pass-through
CANCER	IMBRUVICA	No Access	No Access	Pass-through	Pass-through
CANCER	IMFINZI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	IMLYGIC	No Access	No Access	Pass-through	Pass-through
CANCER	INLYTA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	INQOVI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	INREBIC	13.50%	\$0.00	Pass-through	Pass-through
CANCER	INTRON A	13.50%	\$0.00	Pass-through	Pass-through
CANCER	IRESSA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	ISTODAX	13.50%	\$0.00	Pass-through	Pass-through
CANCER	IXEMPRA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	JADENU (all forms and strengths)	11.50%	\$0.00	Pass-through	Pass-through
CANCER	JAKAFI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	JELMYTO	No Access	No Access	Pass-through	Pass-through
CANCER	JEMPERLI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	JEVTANA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	KADCYLA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	KANJINTI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	KEPIVANCE	No Access	No Access	Pass-through	Pass-through
CANCER	KEYTRUDA	No Access	No Access	Pass-through	Pass-through
CANCER	KISQALI (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	KOSELUGO	No Access	No Access	Pass-through	Pass-through
CANCER	KYMRIAH	No Access	No Access	Pass-through	Pass-through
CANCER	KYPROLIS	No Access	No Access	Pass-through	Pass-through
CANCER	LAPATINIB	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LENVIMA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LEUPROLIDE ACETATE	16.80%	\$0.00	Pass-through	Pass-through
CANCER	LIBTAYO	No Access	No Access	Pass-through	Pass-through
CANCER	LONSURF	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LORBRENA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LUMAKRAS	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LUMOXITI	No Access	No Access	Pass-through	Pass-through
CANCER	LUPANETA PACK	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LUPRON DEPOT (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
CANCER	LUTATHERA	No Access	No Access	Pass-through	Pass-through
CANCER	LYNPARZA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	LYSODREN	No Access	No Access	Pass-through	Pass-through
CANCER	MARGENZA	No Access	No Access	Pass-through	Pass-through
CANCER	MARQIBO	No Access	No Access	Pass-through	Pass-through
CANCER	MATULANE	No Access	No Access	Pass-through	Pass-through
CANCER	MEKINIST	13.50%	\$0.00	Pass-through	Pass-through
CANCER	MEKTOVI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	MONJUVI	No Access	No Access	Pass-through	Pass-through
CANCER	MVASI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	MYLOTARG	12.50%	\$0.00	Pass-through	Pass-through
CANCER	NERLYNX	13.50%	\$0.00	Pass-through	Pass-through
CANCER	NEXAVAR	12.50%	\$0.00	Pass-through	Pass-through
CANCER	NINLARO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	NUBEQA	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	NULIBRY	No Access	No Access	Pass-through	Pass-through
CANCER	ODOMZO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	OGIVRI	11.50%	\$0.00	Pass-through	Pass-through
CANCER	ONIVYDE	No Access	No Access	Pass-through	Pass-through
CANCER	ONTRUZANT	No Access	No Access	Pass-through	Pass-through
CANCER	ONUREG	13.50%	\$0.00	Pass-through	Pass-through
CANCER	OPDIVO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ORGOVYX	No Access	No Access	Pass-through	Pass-through
CANCER	PADCEV	13.50%	\$0.00	Pass-through	Pass-through
CANCER	PEGASYS	14.00%	\$0.00	Pass-through	Pass-through
CANCER	PEG-INTRON	13.50%	\$0.00	Pass-through	Pass-through
CANCER	PEMAZYRE	No Access	No Access	Pass-through	Pass-through
CANCER	PERJETA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	PHESGO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	PIQRAY	13.50%	\$0.00	Pass-through	Pass-through
CANCER	POLIVY	13.50%	\$0.00	Pass-through	Pass-through
CANCER	POMALYST	13.50%	\$0.00	Pass-through	Pass-through
CANCER	PORTRAZZA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	POTELIGEO	No Access	No Access	Pass-through	Pass-through
CANCER	PROLEUKIN	13.50%	\$0.00	Pass-through	Pass-through
CANCER	PROTHELIAL	No Access	No Access	Pass-through	Pass-through
CANCER	PROVENGE	No Access	No Access	Pass-through	Pass-through
CANCER	PURIXAN	No Access	No Access	Pass-through	Pass-through
CANCER	QINLOCK	No Access	No Access	Pass-through	Pass-through
CANCER	RETEVMO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	REVLIMID	13.50%	\$0.00	Pass-through	Pass-through
CANCER	RIABNI	12.50%	\$0.00	Pass-through	Pass-through
CANCER	RITUXAN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	ROZLYTREK	13.50%	\$0.00	Pass-through	Pass-through
CANCER	RUBRACA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	RUXIENCE	11.50%	\$0.00	Pass-through	Pass-through
CANCER	RYBREVANT	13.50%	\$0.00	Pass-through	Pass-through
CANCER	RYDAPT	13.50%	\$0.00	Pass-through	Pass-through
CANCER	RYLAZE	No Access	No Access	Pass-through	Pass-through
CANCER	SARCLISA	No Access	No Access	Pass-through	Pass-through
CANCER	SPRYCEL	11.50%	\$0.00	Pass-through	Pass-through
CANCER	STIVARGA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	SUTENT	13.50%	\$0.00	Pass-through	Pass-through
CANCER	SYLATRON (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
CANCER	SYLVANT	12.50%	\$0.00	Pass-through	Pass-through
CANCER	SYNRIBO	No Access	No Access	Pass-through	Pass-through
CANCER	TABRECTA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	TAFINLAR	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TAGRISSO	12.50%	\$0.00	Pass-through	Pass-through
CANCER	TALZENNA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TARCEVA	14.00%	\$0.00	Pass-through	Pass-through
CANCER	TARGRETIN	14.00%	\$0.00	Pass-through	Pass-through
CANCER	TASIGNA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	TAZVERIK	No Access	No Access	Pass-through	Pass-through
CANCER	TECARTUS	No Access	No Access	Pass-through	Pass-through
CANCER	TECENTRIQ	12.50%	\$0.00	Pass-through	Pass-through
CANCER	TEMODAR	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TEMOZOLOMIDE	25.00%	\$0.00	Pass-through	Pass-through
CANCER	TEMSIROLIMUS	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TEPMETKO	No Access	No Access	Pass-through	Pass-through
CANCER	THALOMID	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	THYROGEN	12.50%	\$0.00	Pass-through	Pass-through
CANCER	TIBSOVO	No Access	No Access	Pass-through	Pass-through
CANCER	TOPOTECAN HCL	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TORISEL	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TRAZIMERA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TREANDA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TRODELVY	No Access	No Access	Pass-through	Pass-through
CANCER	TRUSELTIQ	No Access	No Access	Pass-through	Pass-through
CANCER	TRUXIMA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	TUKYSA	No Access	No Access	Pass-through	Pass-through
CANCER	TURALIO	No Access	No Access	Pass-through	Pass-through
CANCER	TYKERB	12.50%	\$0.00	Pass-through	Pass-through
CANCER	UKONIQ	No Access	No Access	Pass-through	Pass-through
CANCER	UNITUXIN	No Access	No Access	Pass-through	Pass-through
CANCER	VALCHLOR	5.40%	\$0.00	Pass-through	Pass-through
CANCER	VALRUBICIN	12.50%	\$0.00	Pass-through	Pass-through
CANCER	VALSTAR	12.50%	\$0.00	Pass-through	Pass-through
CANCER	VANTAS	12.50%	\$0.00	Pass-through	Pass-through
CANCER	VECTIBIX	12.50%	\$0.00	Pass-through	Pass-through
CANCER	VELCADE	13.50%	\$0.00	Pass-through	Pass-through
CANCER	VENCLEXTA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
CANCER	VERZENIO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	VIDAZA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	VISTOGARD	No Access	No Access	Pass-through	Pass-through
CANCER	VITRAKVI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	VIZIMPRO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	VOTRIENT	12.50%	\$0.00	Pass-through	Pass-through
CANCER	VYXEOS (all forms and strengths)	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CANCER	XALKORI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	XELODA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	XGEVA	12.50%	\$0.00	Pass-through	Pass-through
CANCER	XOFIGO	No Access	No Access	Pass-through	Pass-through
CANCER	XOSPATA	No Access	No Access	Pass-through	Pass-through
CANCER	XPOVIO	No Access	No Access	Pass-through	Pass-through
CANCER	XTANDI	13.50%	\$0.00	Pass-through	Pass-through
CANCER	YERVOY	13.50%	\$0.00	Pass-through	Pass-through
CANCER	YESCARTA	No Access	No Access	Pass-through	Pass-through
CANCER	YONDELIS	No Access	No Access	Pass-through	Pass-through
CANCER	YONSA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZALTRAP	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZARXIO	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZEJULA	No Access	No Access	Pass-through	Pass-through
CANCER	ZELBORAF	11.50%	\$0.00	Pass-through	Pass-through
CANCER	ZEPZELCA	No Access	No Access	Pass-through	Pass-through
CANCER	ZIRABEV	12.50%	\$0.00	Pass-through	Pass-through
CANCER	ZOLADEX	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZOLEDRONIC ACID	27.00%	\$0.00	Pass-through	Pass-through
CANCER	ZOLINZA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZOMETA	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZYDELIG	13.50%	\$0.00	Pass-through	Pass-through
CANCER	ZYKADIA	11.50%	\$0.00	Pass-through	Pass-through
CANCER	ZYNLONTA	No Access	No Access	Pass-through	Pass-through
CANCER	ZYTIGA	13.50%	\$0.00	Pass-through	Pass-through
CONTRACEPTIVE	LILETTA	0.00%	\$0.00	Pass-through	Pass-through
CONTRACEPTIVE	MIRENA	No Access	No Access	Pass-through	Pass-through
CONTRACEPTIVE	NEXPLANON	0.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
CYSTIC FIBROSIS	BETHKIS	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	BRONCHITOL	11.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	CAYSTON	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	KALYDECO	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	KITABIS PAK	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	ORKAMBI	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	PULMOZYME	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	SYMDEKO	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	TOBI (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
CYSTIC FIBROSIS	TRIKAFTA	13.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	AVEED	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	BYNFEZIA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	CRYSVITA	12.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	EGRIFTA	13.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	FENSOLVI	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	IMCIVREE	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	ISTURISA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	KORLYM	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	KUVAN	13.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	MIRCERA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	MYALEPT	5.40%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	MYCAPSSA	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	NATPARA	12.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	OCTREOTIDE ACETATE	27.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	PALYNZIQ	12.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SANDOSTATIN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SIGNIFOR (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	SOMATULINE DEPOT	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
ENDOCRINE DISORDERS	SOMAVERT	12.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	SUPPRELIN LA	13.50%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	TESTOPEL	No Access	No Access	Pass-through	Pass-through
ENDOCRINE DISORDERS	TOLVAPTAN	25.00%	\$0.00	Pass-through	Pass-through
ENDOCRINE DISORDERS	TRIPTODUR	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ADAGEN	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ALDURAZYME	6.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	BRINEURA	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	CARBAGLU	6.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CERDELGA	12.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CEREZYME	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	CYSTADANE	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	ELAPRASE	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ELELYSO	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	FABRAZYME	6.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	GALAFOLD	6.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	KANUMA	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	LUMIZYME	12.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	MEPSEVII	10.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	MIGLUSTAT	45.00%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NAGLAZYME	12.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NEXVIAZYME	11.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NITISINONE	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	NITYR	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ORFADIN	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	PEPAXTO	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	REVCOVI	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	SAPROPTERIN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
ENZYME DEFICIENCY	SUCRAID	No Access	No Access	Pass-through	Pass-through
ENZYME DEFICIENCY	VIMIZIM	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	VPRIV	13.50%	\$0.00	Pass-through	Pass-through
ENZYME DEFICIENCY	ZAVESCA	12.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	GENOTROPIN	14.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	HUMATROPE	14.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	INCRELEX	7.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	MACRILEN	12.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	NORDITROPIN (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	NUTROPIN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	OMNITROPE	13.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	SAIZEN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	SEROSTIM	13.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	ZOMACTON	13.50%	\$0.00	Pass-through	Pass-through
GROWTH DEFICIENCY	ZORBTIVE	13.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ADVATE (all forms and strengths)	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ADYNOVATE	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	AFSTYLA	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPHANATE	29.30%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPHANINE SD	29.30%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ALPROLIX	15.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	BENEFIX	12.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	CEPROTIN	11.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	COAGADEX	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	CORIFACT	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	DDAVP	11.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	DESMOPRESSIN ACETATE	45.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	ELOCTATE	15.80%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HEMOPHILIA	ESPEROCT	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	FEIBA NF (all forms and strengths)	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	FIBRYGA	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	HEMLIBRA	14.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	HEMOPIL M	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	HUMATE-P	29.30%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	IDELVION	15.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	IXINITY	15.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	JIVI	15.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOATE	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOGENATE FS	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	KOVALTRY	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	MONONINE	25.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NOVOEIGHT	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NOVOSEVEN (all forms and strengths)	25.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	NUWIQ	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	OBIZUR	No Access	No Access	Pass-through	Pass-through
HEMOPHILIA	PROFILNINE SD	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	REBINYN	15.80%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RECOMBINATE	27.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RIASTAP	11.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	RIXUBIS	29.30%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	SEVENFACT (all forms and strengths)	25.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	STIMATE	13.50%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	TRETTEN	5.40%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	VONVENDI	22.00%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	WILATE	29.30%	\$0.00	Pass-through	Pass-through
HEMOPHILIA	XYNTHA (all forms and strengths)	22.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HEPATITIS C	BYLVAY	11.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	EPCLUSA	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	HARVONI	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	LEDIPASVIR-SOFOSBUVIR	14.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	MAVYRET	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	MODERIBA	13.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	OCALIVA	13.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	REBETOL	13.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBASPHERE	55.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBASPHERE/RIBAPAK	65.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	RIBAVIRIN	65.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	SOFOSBUVIR-VELPATASVIR	14.50%	\$0.00	Pass-through	Pass-through
HEPATITIS C	SOVALDI	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	VIEKIRA	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	VOSEVI	14.00%	\$0.00	Pass-through	Pass-through
HEPATITIS C	ZEPATIER	14.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	BERINERT	12.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	CINRYZE	6.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	FIRAZYR	12.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	HAEGARDA	12.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	ICATIBANT	25.00%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	KALBITOR	12.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	ORLADEYO (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	RUCONEST	12.50%	\$0.00	Pass-through	Pass-through
HEREDITARY ANGIOEDEMA	TAKHZYRO	12.50%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR-LAMIVUDINE	14.00%	\$0.00	Pass-through	Pass-through
HIV	ABACAVIR-LAMIVUDINE-ZIDOVUDINE	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	APTIVUS	14.00%	\$0.00	Pass-through	Pass-through
HIV	ATAZANAVIR SULFATE	14.00%	\$0.00	Pass-through	Pass-through
HIV	ATRIPLA	14.00%	\$0.00	Pass-through	Pass-through
HIV	BIKTARVY	14.00%	\$0.00	Pass-through	Pass-through
HIV	CIMDUO	14.00%	\$0.00	Pass-through	Pass-through
HIV	COMBIVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	COMPLERA	12.50%	\$0.00	Pass-through	Pass-through
HIV	CRIXIVAN	14.00%	\$0.00	Pass-through	Pass-through
HIV	DELSTRIGO	12.50%	\$0.00	Pass-through	Pass-through
HIV	DESCOVY	14.00%	\$0.00	Pass-through	Pass-through
HIV	DIDANOSINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	DOVATO	14.50%	\$0.00	Pass-through	Pass-through
HIV	EDURANT	12.50%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ	20.00%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ/EMTRICITABINE/TE NOFOVIR	20.00%	\$0.00	Pass-through	Pass-through
HIV	EFAVIRENZ/LAMIVU/TENOFOVI R	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRICITABINE	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRICITABINE/TENOFOVIR (TDF)	20.00%	\$0.00	Pass-through	Pass-through
HIV	EMTRIVA	14.00%	\$0.00	Pass-through	Pass-through
HIV	EPIVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	EPZICOM	14.00%	\$0.00	Pass-through	Pass-through
HIV	ETRAVIRINE	11.50%	\$0.00	Pass-through	Pass-through
HIV	EVOTAZ	14.00%	\$0.00	Pass-through	Pass-through
HIV	FOSAMPRENAVIR	20.00%	\$0.00	Pass-through	Pass-through
HIV	FUZEON	13.50%	\$0.00	Pass-through	Pass-through
HIV	GENVOYA	14.00%	\$0.00	Pass-through	Pass-through
HIV	INTELENCE	14.00%	\$0.00	Pass-through	Pass-through
HIV	INVIRASE	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	ISENTRESS (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
HIV	JULUCA	14.00%	\$0.00	Pass-through	Pass-through
HIV	KALETRA	14.00%	\$0.00	Pass-through	Pass-through
HIV	LAMIVUDINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	LAMIVUDINE-ZIDOVUDINE	30.00%	\$0.00	Pass-through	Pass-through
HIV	LEXIVA	14.00%	\$0.00	Pass-through	Pass-through
HIV	LOPINAVIR - RITONAVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	NEVIRAPINE	14.00%	\$0.00	Pass-through	Pass-through
HIV	NORVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	ODEFSEY	14.00%	\$0.00	Pass-through	Pass-through
HIV	PIFELTRO	7.50%	\$0.00	Pass-through	Pass-through
HIV	PREZCOBIX	14.00%	\$0.00	Pass-through	Pass-through
HIV	PREZISTA	14.00%	\$0.00	Pass-through	Pass-through
HIV	RESCRIPTOR	14.00%	\$0.00	Pass-through	Pass-through
HIV	RETROVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	REYATAZ	14.00%	\$0.00	Pass-through	Pass-through
HIV	RITONAVIR	30.00%	\$0.00	Pass-through	Pass-through
HIV	RUKOBIA	13.50%	\$0.00	Pass-through	Pass-through
HIV	SELZENTRY	14.00%	\$0.00	Pass-through	Pass-through
HIV	STAVUDINE	65.00%	\$0.00	Pass-through	Pass-through
HIV	STRIBILD	14.00%	\$0.00	Pass-through	Pass-through
HIV	SUSTIVA	14.00%	\$0.00	Pass-through	Pass-through
HIV	SYMFI (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
HIV	SYMTUZA	14.50%	\$0.00	Pass-through	Pass-through
HIV	TEMIXYS	13.50%	\$0.00	Pass-through	Pass-through
HIV	TENOFOVIR DISOPROXIL FUMARATE	14.00%	\$0.00	Pass-through	Pass-through
HIV	TIVICAY	14.00%	\$0.00	Pass-through	Pass-through
HIV	TRIUMEQ	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
HIV	TRIZIVIR	14.00%	\$0.00	Pass-through	Pass-through
HIV	TRUVADA	14.00%	\$0.00	Pass-through	Pass-through
HIV	TYBOST	14.00%	\$0.00	Pass-through	Pass-through
HIV	VIDEX (all forms and strengths)	25.00%	\$0.00	Pass-through	Pass-through
HIV	VIRACEPT	14.00%	\$0.00	Pass-through	Pass-through
HIV	VIRAMUNE (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
HIV	VIREAD	14.00%	\$0.00	Pass-through	Pass-through
HIV	ZERIT	14.00%	\$0.00	Pass-through	Pass-through
HIV	ZIAGEN	14.00%	\$0.00	Pass-through	Pass-through
HIV	ZIDOVUDINE	65.00%	\$0.00	Pass-through	Pass-through
HIV-LD	CABENUVA	12.50%	\$0.00	Pass-through	Pass-through
HIV-LD	MYTESI	11.50%	\$0.00	Pass-through	Pass-through
HIV-LD	TROGARZO	12.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	ACTIMMUNE	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	ASCENIV	12.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	BIVIGAM	6.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CUTAQUIG	14.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CUVITRU	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	CYTOGAM	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	FLEBOGAMMA	No Access	No Access	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMASTAN S-D	14.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAGARD LIQUID	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAGARD S-D	15.80%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAKED	14.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMMAPLEX	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	GAMUNEX (all forms and strengths)	14.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	HIZENTRA	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	HYQVIA	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
IMMUNE DEFICIENCY	OCTAGAM	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	PANZYGA	6.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	PRIVIGEN	13.50%	\$0.00	Pass-through	Pass-through
IMMUNE DEFICIENCY	XEMBIFY	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	CETROTIDE	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	CHORIONIC GONADOTROPIN	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	CRINONE	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	ENDOMETRIN	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	FOLLISTIM AQ	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	GANIRELIX ACETATE	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	GONAL-F (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	KYLEENA	No Access	No Access	Pass-through	Pass-through
INFERTILITY	MENOPUR	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	NOVAREL	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	OVIDREL	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	PARAGARD	No Access	No Access	Pass-through	Pass-through
INFERTILITY	PREGNYL	13.50%	\$0.00	Pass-through	Pass-through
INFERTILITY	PROGESTERONE	30.00%	\$0.00	Pass-through	Pass-through
INFERTILITY	SKYLA	No Access	No Access	Pass-through	Pass-through
INFAMMATORY CONDITIONS	ACTEMRA	7.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	ARCALYST	13.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	AVSOLA	12.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	BENLYSTA	12.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	CIMZIA	13.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	COSENTYX (all forms and strengths)	12.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	ENBREL (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	ENTYVIO	12.50%	\$0.00	Pass-through	Pass-through
INFAMMATORY CONDITIONS	HUMIRA (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
INFLAMMATORY CONDITIONS	HYMOVIS	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ILARIS	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ILUMYA	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	INFLECTRA	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KEVZARA	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KINERET	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	KRYSTEXXA	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	LUPKYNIS	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	OLUMIANT	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	ORENCIA (all forms and strengths)	10.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	OTEZLA	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	REMICADE	14.00%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	RENFLIXIS	11.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	RINVOQ	13.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SAPHNELO	No Access	No Access	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SILIQ	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SIMPONI (all forms and strengths)	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	SKYRIZI	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	STELARA	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	TALTZ (all forms and strengths)	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	TREMFYA	12.50%	\$0.00	Pass-through	Pass-through
INFLAMMATORY CONDITIONS	XELJANZ (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
IRON TOXICITY	DEFERIPRONE	25.00%	\$0.00	Pass-through	Pass-through
IRON TOXICITY	EXJADE	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ACTHAR H.P.	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ADUHELM	10.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	APOKYN	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ARESTIN	12.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	ARIKAYCE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	AUSTEDO	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	BOTOX	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CHENODAL	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CHOLBAM	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CYSTAGON	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	CYSTARAN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DARAPRIM	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DIACOMIT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DOJOLVI	14.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DROXIDOPA	30.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DUOPA	0.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	DYSPORT	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ELZONRIS	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EMPAVELI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ENSPRYNG	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EPIDIOLEX	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	EVKEEZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	FERRIPROX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	FINTEPLA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GAMIFANT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GATTEX	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GIMOTI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GIVLAARI	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	GOCOVRI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HEMANGEOL	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HETLIOZ	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	HUMATIN	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	HYDROXYPROGESTERONE	20.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	INBRIJA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	INGREZZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	JUXTAPID	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	JYNARQUE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	KEVEYIS	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	MAKENA	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	MYOBLOC	14.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NORTHERA	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NOURIANZ	6.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	NUPLAZID	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ONPATTRO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	OSMOLEX (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	OXLUMO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PRIALT	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PROCYSBI	5.40%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	PYRIMETHAMINE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	QUTENZA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	RADICAVA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	RAVICTI	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ROMIDEPSIN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SABRIL	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SAMSCA	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SCENESSE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SINUVA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SOLESTA	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SOLIRIS	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SPRAVATO	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MISCELLANEOUS SPECIALTY CONDITIONS	SPRIX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	STRENSIQ	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	SUBLOCADE	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TEGSEDI	10.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TETRABENAZINE	20.00%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	THIOLA	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	TIOPRONIN	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ULTOMIRIS	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	UPLIZNA	12.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VARITHENA (all forms and strengths)	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIGABATRIN	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIGADRONE	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VIVITROL	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYEPTI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYLEESI	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYNDAMAX	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	VYNDAQEL	11.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	WAKIX	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XENAZINE	13.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XEOMIN	5.40%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XERMELO	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XIAFLEX	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XURIDEN	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XYREM	10.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	XYWAV	10.50%	\$0.00	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ZOKINVY	No Access	No Access	Pass-through	Pass-through
MISCELLANEOUS SPECIALTY CONDITIONS	ZULRESSO	No Access	No Access	Pass-through	Pass-through
MULTIPLE SCLEROSIS	AMPYRA	14.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MULTIPLE SCLEROSIS	AUBAGIO	12.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	AVONEX (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	BAFIERTAM	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	BETASERON	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	COPAXONE	14.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	DALFAMPRIDINE	45.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	DIMETHYL FUMARATE (all forms and strengths)	20.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	EXTAVIA	14.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GILENYA	14.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GLATIRAMER ACETATE	27.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	GLATOPA	27.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	KESIMPTA	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	LEMTRADA	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MAVENCLAD	12.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MAYZENT	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	MITOXANTRONE HCL	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	OCREVUS	12.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	PLEGRIDY (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	PONVORY	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	REBIF (all forms and strengths)	14.00%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	TECFIDERA	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	TYSABRI	10.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	VUMERITY	13.50%	\$0.00	Pass-through	Pass-through
MULTIPLE SCLEROSIS	ZEPOSIA	13.50%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	AMONDYS 45	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EMFLAZA	11.50%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EVRYSDI	13.50%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	EXONDYS 51	No Access	No Access	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
MUSCULAR DYSTROPHY	FIRDAPSE	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	RUZURGI	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	SPINRAZA	12.50%	\$0.00	Pass-through	Pass-through
MUSCULAR DYSTROPHY	VILTEPSO	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	VYONDYS	No Access	No Access	Pass-through	Pass-through
MUSCULAR DYSTROPHY	ZOLGENSMA	15.80%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	BEOVU	10.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	CYSTADROPS	No Access	No Access	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	DURYSTA	10.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	EYLEA	11.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	ILUVIEN	11.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	JETREA	No Access	No Access	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	LUCENTIS	13.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	LUXTURNA	14.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	MACUGEN	13.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	OXERVATE	13.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	OZURDEX	12.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	RETISERT	6.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	TEPEZZA	10.50%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	VISUDYNE	5.40%	\$0.00	Pass-through	Pass-through
OPHTHALMIC CONDITIONS	YUTIQ	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	DUROLANE	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	EUFLEXXA	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GEL-ONE	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GELSYN - 3	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	GENVISC 850	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	HYALGAN	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	MONOVISC	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
OSTEOARTHRITIS	ORTHOVISC	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	SODIUM HYALURONATE	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	SUPARTZ	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	SYNVISC (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	TRILURON	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	TRIVISC	No Access	No Access	Pass-through	Pass-through
OSTEOARTHRITIS	VISCO-3	13.50%	\$0.00	Pass-through	Pass-through
OSTEOARTHRITIS	ZILRETTA	No Access	No Access	Pass-through	Pass-through
OSTEOPOROSIS	BONIVA	14.00%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	EVENITY	10.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	FORTEO	14.00%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	IBANDRONATE SODIUM	14.00%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	PROLIA	12.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	RECLAST	14.00%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	TERIPARATIDE	13.50%	\$0.00	Pass-through	Pass-through
OSTEOPOROSIS	TYMLOS	14.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ADCIRCA	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ADEMPAS	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ALYQ	No Access	No Access	Pass-through	Pass-through
PULMONARY HYPERTENSION	AMBRISENTAN	25.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	BOSENTAN	25.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR EPOPROSTENOL VIAL	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR FLOLAN VIAL	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR REMODULIN	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	DILUENT FOR TREPROSTINIL	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	EPOPROSTENOL SODIUM (gFlolan)	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	EPOPROSTENOL SODIUM (gVeletri)	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ESBRIET	13.50%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
PULMONARY HYPERTENSION	FLOLAN	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	LETAIRIS	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	OFEV	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	OPSUMIT	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	ORENITRAM	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	REMODULIN	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	REVATIO	14.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	SILDENAFIL CITRATE	65.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TADALAFIL	27.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TOBRAMYCIN (all forms and strengths)	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TRACLEER	14.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TREPROSTINIL SODIUM	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	TYVASO	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	UPTRAVI	13.50%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	UPTRAVI (IV FORMULATION)	No Access	No Access	Pass-through	Pass-through
PULMONARY HYPERTENSION	VELETRI	0.00%	\$0.00	Pass-through	Pass-through
PULMONARY HYPERTENSION	VENTAVIS	0.00%	\$0.00	Pass-through	Pass-through
RESPIRATORY SYNCYTIAL VIRUS	SYNAGIS	13.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ASTAGRAF XL	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	AZASAN	13.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	AZATHIOPRINE (all forms and strengths)	65.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	CELLCEPT	20.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	CYCLOSPORINE (all forms and strengths)	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ENVARUSUS	11.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	EVEROLIMUS	30.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	GENGRAF	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	IMURAN	23.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	MYCOPHENOLATE MOFETIL	65.00%	\$0.00	Pass-through	Pass-through

THERAPY	DRUG	Mail Specialty		Retail Specialty	
		AWP Discount	Dispensing Fee	AWP Discount	Dispensing Fee
TRANSPLANT	MYCOPHENOLIC ACID	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	MYFORTIC	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	NEORAL	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	NULOJIX	11.50%	\$0.00	Pass-through	Pass-through
TRANSPLANT	PROGRAF	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	RAPAMUNE	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	REZUROCK	No Access	No Access	Pass-through	Pass-through
TRANSPLANT	SANDIMMUNE	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	SIMULECT	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	SIROLIMUS	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	TACROLIMUS	35.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	THYMOGLOBULIN	14.00%	\$0.00	Pass-through	Pass-through
TRANSPLANT	ZORTRESS	14.00%	\$0.00	Pass-through	Pass-through

EXHIBIT E

Clarifications to ESI's Proposal, to include:

On File with the A&M System

EXHIBIT F

Confidential and/or Proprietary Information

The following is a list of information ESI has designated as confidential and/or proprietary, believing it to be exempt from any requests the A&M System may receive under The Texas Public Information Act.

- The Proposal – Section L of the Proposal contains a list of specific sections and questions in the Proposal that ESI believes to be proprietary and/or confidential.
- The Contract, Exhibit C (Program Pricing Terms), Exhibit D (Specialty Drugs Under the Mail Specialty Drugs Under the Mail Order Pharmacy Program), and Exhibit E (Clarifications)

EXHIBIT G
SCOPE OF SERVICES

- 1.1. "Ancillary Supplies, Equipment, and Services" or "ASES" means ancillary supplies, equipment, and services provided or coordinated by ESI Specialty Pharmacy in connection with ESI Specialty Pharmacy's dispensing of Specialty Products.
- 1.2. "Average Wholesale Price" or "AWP" means the average wholesale price of a prescription drug as identified by drug pricing services such as Medi-Span, the drug manufacturer or other source recognized in the retail prescription drug industry (the "Pricing Source").
- 1.3. "Brand/Generic Algorithm" or "BGA" means ESI's standard and proprietary brand/generic algorithm, a copy of which may be made available for review by Sponsor or its Auditor upon request. The purposes of the algorithm are to stabilize products "flipping" between Brand Drug and Generic Drug status and to reduce Sponsor, Member and provider confusion due to fluctuations in status. Sponsor or its Auditor may audit ESI's application of its BGA to confirm that ESI is making Brand Drug and Generic Drug determinations consistent with such algorithm.
- 1.4. "Brand Drug" means a prescription drug identified as such in ESI's master drug file using indicators from First Databank (or another source nationally recognized in the prescription drug industry) on the basis of a standard Brand/Generic Algorithm, a copy of which may be made available for review by Sponsor or its Auditor upon request.
- 1.5. "Commercial Benefit" means the prescription drug benefit covering Sponsor's Members and administered pursuant to this Contract.
- 1.6. "Copayment" means that portion of the charge for each Covered Drug dispensed to the Member that is paid by the Member (e.g., copayment, coinsurance and/or deductible). Sponsor will communicate the applicable Copayment on the Set-Up Forms.
- 1.7. "Covered Drug(s)" means those prescription drugs, supplies, Specialty Products and other items that are covered under the Plan, each as indicated on the Set-Up Forms.
- 1.8. "EGWP Benefit" means the prescription drug benefit to be administered by MCLIC under the EGWP Addendum, as defined in Exhibit H and as further described in the Sponsor plan document, its summary plan description, and its summary of benefits, as may be amended from time to time in accordance with the terms of the EGWP Addendum
- 1.9. "Eligibility Files" means the list submitted by Sponsor to ESI in reasonably acceptable electronic format indicating persons eligible for drug benefit coverage services under the Plan.
- 1.10. "ESI National Plus Network" means ESI's broadest Participating Pharmacy network.
- 1.11. "ESI Mail Pharmacy" means a pharmacy owned or operated by ESI or one or more of its affiliates, other than an ESI Specialty Pharmacy, where prescriptions are filled and delivered to Members via mail delivery service.
- 1.12. "ESI Specialty Pharmacy" means Accredo Health Group, Inc., Express Scripts Specialty Distribution Services, Inc., or another pharmacy or home health agency owned or operated by ESI or its affiliates that primarily dispenses Specialty Products. When the ESI Mail Pharmacy dispenses a Specialty Product, it shall be considered an ESI Specialty Pharmacy hereunder.
- 1.13. "Exclusive or Limited Distribution Product" means a Specialty Product that is not generally available from most or all pharmacies but is restricted to select pharmacies as determined by a pharmaceutical manufacturer.
- 1.14. "Formulary" means the list of FDA-approved prescription drugs and supplies developed by ESI's Pharmacy and Therapeutics Committee and/or customized by Sponsor, and which is selected and/or adopted by Sponsor. The drugs and supplies included on the Formulary will be modified by ESI from time to time as a result of factors, including, but not limited to, medical appropriateness, manufacturer Rebate arrangements, and patent expirations. Additions and/or deletions to the Formulary are hereby adopted by Sponsor, subject to Sponsor's discretion to elect not to

implement any such addition or deletion through the Set-Up Form process, any such election shall be considered a Sponsor change to the Formulary.

- 1.15. "Generic Drug" means a prescription drug, whether identified by its chemical, proprietary, or non-proprietary name, that is therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient(s) and approved by the FDA, and which is identified as such in ESI's master drug file using indicators from First Databank (or another source nationally recognized in the prescription drug industry) on the basis of a standard Brand/Generic Algorithm, a copy of which may be made available for review by Sponsor or its Auditor upon request.
- 1.16. "MAC List" means a list of prescription drugs or supplies subject to maximum reimbursement payment schedules developed or selected by ESI.
- 1.17. "Manufacturer Administrative Fees" means those administrative fees paid to ESI in connection with invoicing, allocating and collecting the Rebates under the Rebate program.
- 1.18. "Maximum Reimbursement Amount" or "MRA" means the maximum unit ingredient cost payable by Sponsor for a drug on the MAC List based on maximum reimbursement payment schedule(s) developed or selected by ESI. The application of MRA pricing may be subject to certain "dispensed as written" (DAW) protocols and Sponsor defined plan design and coverage policies.
- 1.19. "Member" means each person who Sponsor determines is eligible to receive prescription drug benefits as indicated in the Eligibility Files.
- 1.20. "Member Submitted Claim" means a paper claim submitted by a Member for Covered Drugs dispensed by a pharmacy for which the Member paid cash.
- 1.21. "Participating Pharmacy" means any licensed retail pharmacy with which ESI or one or more of its affiliates has executed an agreement to provide Covered Drugs to Members, but shall not include any mail order or specialty pharmacy affiliated with any such Participating Pharmacy. Participating Pharmacies are independent contractors of ESI.
- 1.22. "Pass-Through" means the actual ingredient cost and dispensing fee amount paid by ESI for the Prescription Drug Claim when the claim is adjudicated to the Participating Pharmacy, as set forth in the specific Participating Pharmacy remittances related to Sponsor's claims.
- 1.23. "PMPM" means per Member per month fee, if applicable, as determined by ESI from the Eligibility Files.
- 1.24. "Plan" has the meaning ascribed to it in the Pharmacy Benefit Management Master Services Agreement.
- 1.25. "Prescription Drug Claim" means a Member Submitted Claim, Subrogation Claim or claim for payment submitted to ESI by a Participating Pharmacy, ESI Mail Pharmacy, or ESI Specialty Pharmacy as a result of dispensing Covered Drugs to a Member.
- 1.26. "Rebates" mean formulary rebates that are paid to ESI pursuant to the terms of a formulary rebate contract negotiated independently by ESI and directly attributable to the utilization of certain Covered Drugs by Members. For sake of clarity, Rebates also include inflation protection payments. For sake of clarity, Rebates do not include, for example, Manufacturer Administrative Fees; product discounts or fees related to the procurement of prescription drug inventories by ESI Specialty Pharmacy or the ESI Mail Pharmacy; fees received by ESI from pharmaceutical manufacturers for care management or other services provided in connection with the dispensing of products; or other fee-for-service arrangements whereby pharmaceutical manufacturers generally report the fees paid to ESI or its wholly-owned subsidiaries for services rendered as "bona fide service fees" pursuant to federal laws and regulations. Such laws and regulations, as well as ESI's contracts with pharmaceutical manufacturers, generally prohibit ESI from sharing any such "bona fide service fees" earned by ESI, whether wholly or in part, with any ESI client. Rebates shall also include pharmaceutical manufacturer value applied at the point of sale.

- 1.27. "Set-Up Forms" means any standard ESI document or form, which when completed by Sponsor (electronic communications from Sponsor indicating Sponsor's approval of a Set-Up Form shall satisfy the foregoing), will describe the essential benefit elements and coverage rules adopted by Sponsor for its Plan.
- 1.28. "Specialty Product List" means the list of Specialty Products applicable to Sponsor and maintained and updated by ESI from time to time. The Specialty Product List is available to Sponsor upon request.
- 1.29. "Specialty Products" means those injectable and non-injectable drugs on the Specialty Product List. Specialty Products, which may be administered by any route of administration, are typically used to treat chronic or complex conditions, and typically have one or more of several key characteristics, including frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes; patient training and compliance assistance to facilitate therapeutic goals; limited or exclusive product availability and distribution (if a drug is only available through limited specialty pharmacy distribution it is always considered a Specialty Product); specialized product handling and/or administration requirements.
- 1.30. "Subrogation Claim" means subrogation claims submitted by any state or a person or entity acting on behalf of a state under Medicaid or similar United States or state government health care programs, for which Sponsor is deemed to be the primary payor by operation of applicable federal or state laws.
- 1.31. "Usual and Customary Price" or "U&C" means the retail price charged by a Participating Pharmacy for the particular drug in a cash transaction on the date the drug is dispensed as reported to ESI by the Participating Pharmacy.

2. **PBM SERVICES**

- 2.1. **Eligibility/Set Up.** Sponsor will submit completed Set-Up Forms and Eligibility Files (initial and updated) on a mutually determined basis, which ESI will accurately implement. Changes to the Set-Up Forms must be communicated to ESI in writing on ESI's standard forms or other mutually agreed upon method. Eligibility performed manually by ESI for Sponsor, or material changes to the Eligibility File processes requested by Sponsor during the Term may be subject to additional fees. Sponsor will be responsible for all Prescription Drug Claims during the period of the Member's eligibility as indicated on the Eligibility File including for retroactively termed Members, except in the event that ESI does not accurately implement the Eligibility File.
- 2.2. **Pharmacy Network.**
 - a. **Participating Pharmacies.** ESI will maintain a network(s) of Participating Pharmacies. ESI maintains multiple networks and subnetworks, and periodically consolidates networks or migrates clients to other networks and subnetworks. Participating Pharmacies are independent contractors of ESI and as such ESI does not direct or exercise any control over the Participating Pharmacies or the professional judgment exercised by any pharmacist in dispensing prescriptions or otherwise providing pharmaceutical related services at a Participating Pharmacy. ESI shall have no liability to Sponsor, any Member or any other person or entity for any act or omission of any Participating Pharmacy or its agents or employees.
 - b. **ESI Mail Pharmacy.** Subject to Applicable Law, ESI will make Members aware of the ability to fill their prescriptions through the ESI Mail Pharmacy, communicate any applicable cost savings, and provide supporting services (e.g. pharmacist consultation) in connection with any prescription dispensed by the ESI Mail Pharmacy. ESI may suspend ESI Mail Pharmacy services to a Member who is in default of any Copayment amount due ESI.
 - c. **Specialty Products and ASES.** Subject to Applicable Law, ESI will make Members aware of the ability to fill their prescriptions through the ESI Specialty Pharmacy, communicate any applicable cost savings, and provide supporting services (e.g. pharmacist consultation) in connection with any prescription dispensed by the ESI Specialty Pharmacy. The ESI Specialty Pharmacy will be Sponsor's exclusive specialty pharmacy for select Specialty Products included on the Specialty Product List. Products included on the Specialty Product List that are deemed to be exclusive Specialty Products must be dispensed by the ESI Specialty Pharmacy. Specialty Products not deemed as exclusive on the Specialty Product List may be dispensed by Participating Pharmacies and will be excluded from any Exclusive Specialty guarantees set forth in this

Contract. In no event will the ESI Mail Pharmacy or Participating Pharmacy pricing specified in this Contract apply to Specialty Products.

- i. ESI will notify Sponsor monthly of any new Specialty Products that are introduced to the market on or after the Effective Date of this Contract. If Sponsor has expressly excluded a specific therapy class or product, Specialty Products in those classes will automatically be excluded from coverage and will reject as "NDC Not Covered". If Sponsor later desires to cover otherwise excluded Specialty Products, Sponsor must notify ESI in writing that it desires to cover the Specialty Product before ESI may adjudicate the Specialty Product as a Covered Drug. Sponsor must notify ESI in writing if it wants to exclude any Specialty Product from coverage. The exclusion will be implemented within seven (7) business days after the date of ESI's receipt of such notification. ESI will not retroactively deny Prescription Drug Claims processed prior to ESI's implementation of the exclusion as provided above and Sponsor will be responsible for the payment of such Prescription Drug Claims processed prior to the rejection of coverage.
- ii. ESI may provide ASES that is necessary for the proper administration of a Specialty Product. Sponsor will be billed for such ASES as set forth in Exhibit C-2.

2.3. Claims Processing.

a. Claims Processing

- i. ESI will perform claims processing services for Covered Drugs dispensed by Participating Pharmacies, ESI Mail Pharmacy and ESI Specialty Pharmacy.
- ii. If elected by Sponsor, ESI will, for an applicable fee, process Member Submitted Claims in accordance with the rules in the Set-Up Forms and ESI's standard procedures.
- iii. If authorized by Sponsor on the Set-Up Forms, ESI will, for an applicable fee, process Subrogation Claims in accordance with Applicable Law. If Sponsor does not authorize ESI to process Subrogation Claims, ESI will reject any Subrogation Claims and refer claimants to Sponsor, in accordance with Applicable Law.
- iv. ESI will defer to Sponsor or its third party designee (as applicable) regarding the coverage of any claim under a Plan. In other words, the Sponsor will have the final responsibility for all decisions with respect to coverage of a Prescription Drug Claim and the benefits allowable under the Plan, including determining whether any rejected or disputed claim will be allowed.

- b. Prior Authorization. ESI will, for an applicable fee, provide prior authorization ("PA") services as specified and directed by Sponsor for drugs designated on the Set-Up Forms. Prior authorized drugs must meet Sponsor-approved coverage criteria ("Guidelines") before they are deemed to be Covered Drugs. In determining whether to authorize coverage of such drug under the PA program, ESI will apply only the Guidelines and will rely upon information about the Member and the diagnosis of the Member's condition provided by the prescriber. If prior authorization for a medication is not immediately available, a 72-hour emergency supply may be dispensed when the pharmacist on duty recommends it as clinically appropriate and when the medication is needed without delay. ESI will not make a determination of medical necessity, make diagnoses or substitute ESI's judgment for the professional judgment and responsibility of the prescriber.

- 2.4 Claims for Benefits. If applicable, ESI will process Member Submitted Claims and PA requests consistent with applicable state law since the Plan is a non-ERISA plan ("Claims Rules"). Sponsor may elect to have ESI perform appeals services in connection with denied PA requests and denied Member Submitted Claims in exchange for an applicable fee, or facilitate such services through Sponsor or a third party of Sponsor's choice. If Sponsor elects to conduct its own appeals or facilitate appeals through a third party, ESI will route Member appeals to Sponsor or other Sponsor designated entity. If Sponsor elects to have ESI perform appeals services, Sponsor agrees that ESI may perform such services through a third-party contracted with ESI for the performance of appeals (the "UM Company"). Through its

contract with ESI, the UM Company has agreed to be, and will serve as, the named fiduciary for its performance of such appeals. ESI also agrees to accept fiduciary status solely with respect to its performance of any appeal.

- a. UM Company. In the event ESI performs appeals services, or facilitates the performance of appeals services through a UM Company, ESI or the UM Company, as applicable, will be responsible for conducting the appeal on behalf of Sponsor in accordance with the Claims Rules. ESI represents to Sponsor that UM Company has contractually agreed that: (A) UM Company will conduct appeals in accordance with the Claims Rules and Sponsor's Plan, (B) Sponsor is a third party beneficiary of UM Company's agreement with ESI (a copy of which is available upon request) and the remedies set forth therein, and (C) UM Company will indemnify Sponsor for third party claims caused by the UM Company's negligence, willful misconduct, or breach of the UM Company's agreement with ESI in providing the appeal services.
- b. External Review Services. ESI will not conduct any external review services (as defined in the Patient Protection and Affordable Care Act of 2010 and its implementing regulations (the "ACA")); provided, however, Sponsor may elect to have UM Company facilitate the provision of external review services through UM company contracted independent review organizations ("IROs") (as such term is defined in the ACA), for the applicable fees. Sponsor must execute a standard ESI External Appeals Services Set-Up Form, which may be requested through ESI Account Management, in order to receive such services from UM Company.

2.5 Account Management.

- a. Account Team. ESI will provide account team support for Sponsor. The account team will be Sponsor's primary point of contact with ESI.
- b. Sponsor/Member Call Center. ESI will provide toll-free telephone, interactive voice response ("IVR") and Internet support to assist Sponsor, Sponsor's agents and Members with Member eligibility and benefits verification, location of Participating Pharmacies or other related Member concerns.
- c. HealthConnect360. ESI will provide Sponsor's third party Plan administrator with access to the HealthConnect360 platform pursuant to the terms and conditions of the HealthConnect360 Three Party Agreement set forth on Exhibit K.

2.6 Formulary Support and Rebate Management.

- a. Formulary Adherence and Clinical Programs. ESI may provide clinical, safety, adherence, and other like programs as appropriate. ESI will not implement any program for which Sponsor may incur an additional fee without Sponsor's prior written approval and election of such program.
- b. Rebates. Subject to the remaining terms of this Contract, ESI will pay to Sponsor the amounts set forth on Exhibit C.

2.7 Exclusivity. During the Term, ESI will be Sponsor's exclusive provider of PBM Services for Sponsor's Plans offering a prescription benefit. The financial terms set forth in Exhibit C are conditioned on that exclusivity.

3 FEES, BILLING AND PAYMENT

3.1 Fees. In consideration of the PBM Services provided by ESI, Sponsor will pay the applicable claims reimbursement amounts ("Claims Reimbursements") and other administrative fees ("Administrative Fees") pursuant to the terms set forth on Exhibit C ("Claims Reimbursements," "Administrative Fees" and any other charge or fee that is the responsibility of Sponsor as may be described elsewhere in this Contract are hereinafter referred to collectively as "Fees").

4 COMPLIANCE WITH LAW; FIDUCIARY ACKNOWLEDGMENTS; FINANCIAL DISCLOSURE

- 4.1 Compliance with Law; Change in Law. Each party shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits. A&M System shall be responsible for any governmental or regulatory charges and taxes imposed upon or related to the services provided hereunder. If there is a change in federal or state laws or regulations or the interpretation thereof, or any government, judicial or legal action that, among other things, materially burdens ESI, requires ESI to increase payments or shorten payment times for Covered Drugs to Participating Pharmacies, or materially changes the scope of services hereunder (a "Change in Law"), then there shall be an appropriate modification of the services, Claims Reimbursement, Administrative Fees, and/or Rebates hereunder. If the parties cannot agree on a modification or adjusted fee or rates, then either party may terminate the Contract on thirty (30) days prior written notice to the other.
- 4.2 Fiduciary Acknowledgements. ESI offers pharmacy benefit management services, products and programs ("PBM Products") for consideration by all clients, including A&M System. The general parameters of the PBM Products, and the systems that support these products, have been developed by ESI as part of ESI's administration of its business as a PBM. The parties agree that they have negotiated the financial terms of this Contract in an arm's-length fashion. A&M System acknowledges and agrees that, except for the limited purpose set forth in Section 2.3(c) of this Exhibit G, neither it nor the Plan intends for ESI to be a fiduciary (as defined under ERISA or state law) of the Plan, and, except for the limited purpose as set forth in Section 2.3(c) of this Exhibit G, neither will name ESI or any of ESI's wholly-owned subsidiaries or affiliates as a "plan fiduciary." A&M System further acknowledges and agrees that neither ESI nor any of ESI's wholly-owned subsidiaries or affiliates: (a) have any discretionary authority or control respecting management of the Plan's prescription benefit program, except as set forth in Section 2.3(c) of this Exhibit G, or (b) exercise any authority or control respecting management or disposition of the assets of the Plan or A&M System. A&M System further acknowledges that all such discretionary authority and control with respect to the management of the Plan and plan assets is retained by A&M System or the Plan. Upon reasonable notice, ESI will have the right to terminate PBM Services to any Plan (or, if applicable, Members) located in a state requiring a pharmacy benefit manager to be a fiduciary to A&M System, a Plan, or a Member in any capacity.
- 4.3 Disclosure of Certain Financial Matters. In addition to the Administrative Fees paid to ESI by A&M System, ESI and ESI's wholly-owned subsidiaries or affiliates derive revenue in one or more of the ways as further described in the Financial Disclosure to ESI PBM Clients set forth in the Proposal ("Financial Disclosure"), as updated by ESI from time to time. Unlike the Administrative Fees, the revenues described in the Financial Disclosure are not direct or indirect compensation to ESI from A&M System for services rendered to A&M System or the Plan under this Contract. In negotiating any of the fees and revenues described in the Financial Disclosure or in this Contract, ESI and ESI's wholly-owned subsidiaries and affiliates act on their own behalf, and not for the benefit of or as agents for A&M System, Members or the Plan. ESI and ESI's wholly-owned subsidiaries and affiliates retain all proprietary rights and beneficial interest in such fees and revenues described in the Financial Disclosure and, accordingly, A&M System acknowledges that neither it, any Member, nor the Plan, has a right to receive, or possesses any beneficial interest in, any such fees or revenues; provided, that ESI will pay A&M System amounts equal to the amounts expressly set forth in this Contract.

EXHIBIT H**Employer-Only Sponsored Group Waiver Plan (EGWP) Addendum**

1. **Construction.** The terms and conditions of the Contract and this Employer-Only Sponsored Group Waiver Plan Addendum (“EGWP Addendum”) shall apply to services provided by ESI by and through its affiliate, Medco Containment Life Insurance Company, a Pennsylvania corporation (“MCLIC”) to Sponsor’s EGWP Members (as defined herein). In the event there is a conflict between the terms and conditions in the Contract and in this EGWP Addendum, the terms and conditions in this EGWP Addendum shall control, but only as they relate to services provided to EGWP Members. Capitalized terms not otherwise defined in this EGWP Addendum shall have the meaning ascribed to them in the Contract.

2. **Acknowledgements.** The parties agree and acknowledge as follows:
 - A. MCLIC is an approved CMS-contracted prescription drug plan (“PDP”) sponsor for an Employer Group Waiver Plan PDP in accordance with CMS regulations and has received approval from the Centers for Medicare and Medicaid Services (“CMS”) to serve as a Prescription Drug Plan Sponsor (a “PDP Sponsor”) and to provide prescription drug coverage that meets the requirements of, and pursuant to, the Voluntary Prescription Drug Benefit Program set forth in Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, 42 U.S.C. §1395w-101 through 42 U.S.C. §1395w-152 (the “Act”) and all applicable and related rules, regulations, and guidance promulgated, issued or adopted by CMS or other governmental agencies with jurisdiction over enforcement of the Act, including, but not limited to, 42 C.F.R. §423.1 through 42 C.F.R. §423.910 (with the exception of Subparts Q, R, and S), and the terms of any PDP Sponsor contract between CMS and MCLIC (collectively, the “Medicare Drug Rules”); and
 - B. Pursuant to the waivers granted by CMS under 42 U.S.C. §1395w-132(b), MCLIC offers employer-only sponsored group waiver plans (“EGWPs”) to employers that wish to provide prescription drug benefits to their Part D Eligible Retirees (as defined below) in accordance with the Medicare Drug Rules; and
 - C. MCLIC provides services hereunder through itself and its affiliates, including ESI; and
 - D. Sponsor currently provides a prescription drug benefit (the “Current Benefit”) to its Part D Eligible Retirees (as defined below) pursuant to a non-Medicare, self-insured welfare benefit plan; and
 - E. Sponsor desires to contract with MCLIC to offer a prescription drug benefit to Sponsor’s Part D Eligible Retirees pursuant to an EGWP that is substantially similar in design to the Current Benefit (the “EGWP Benefit,” as further defined below); and
 - F. Provided that the EGWP Benefit meets the actuarial equivalence standards of the Medicare Drug Rules, as more fully described below, MCLIC desires to offer the EGWP Benefit to Sponsor’s Part D Eligible Retirees in accordance with the Medicare Drug Rules and pursuant to the terms and conditions of the Contract and this EGWP Addendum.

3. **Definitions.**

“Commercial Benefit” means the prescription drug benefit covering Sponsor’s Members and administered pursuant to the Contract.

“Coverage Gap” means the stage of the benefit between the initial coverage limit and the catastrophic coverage threshold, as described in the Medicare Part D prescription drug program administered by the United States federal government.

“Coverage Gap Discount” means the manufacturer discounts available to eligible Medicare Part D beneficiaries receiving applicable, covered Medicare Part D drugs, while in the Coverage Gap.

“Coverage Gap Discount Program” means the Medicare program that makes manufacturer discounts available to eligible Medicare Part D beneficiaries receiving applicable, covered Medicare Part D drugs, while in the Coverage Gap.

“EGWP Enrollment File” means the list(s) submitted by Sponsor to MCLIC, in accordance with Section 4 of this EGWP Addendum, indicating the Part D Eligible Retirees that Sponsor has submitted for enrollment in the EGWP Benefit, as verified by MCLIC through CMS enrollment files. For all other purposes under the Contract, the “EGWP Enrollment File” shall also be considered an “Enrollment File.”

“EGWP Benefit” means the prescription drug benefit to be administered by MCLIC under this EGWP Addendum, as defined in the Recitals above and as further described in the Sponsor plan document, its summary plan description, and its summary of benefits, as may be amended from time to time in accordance with the terms of this EGWP Addendum.

“EGWP Member” means each Part D Eligible Retiree who is enrolled in the EGWP Benefit in accordance with the terms of this EGWP Addendum. For all other purposes under the Contract, every EGWP Member shall also be deemed to be a Member.

“EGWP Plus” means a prescription drug benefit plan design that provides non-Medicare EGWP coverage supplemental to the standard Part D benefit, and is defined by CMS as other health or prescription drug coverage, and as such, the Coverage Gap Discount is applied before any additional coverage beyond the standard Part D benefit.

“Late Enrollment Penalty” or “LEP” means the financial penalty incurred under the Medicare Drug Rules by Medicare Part D beneficiaries who have had a continued gap in creditable coverage of sixty-three (63) days or more after the end of the beneficiary’s initial election period, adjusted from time to time by CMS.

“Medicare Formulary” means the list of prescription drugs and supplies developed, implemented and maintained in accordance with the Medicare Drug Rules for the EGWP Benefit.

“Medicare Rebate Program” means MCLIC’s or its affiliates’ manufacturer rebate program under which MCLIC or its affiliates contract with pharmaceutical manufacturers for Rebates payable on selected Covered Drugs that are reimbursed, in whole or in part, through Medicare Part D, as such program may change from time to time.

“Part D” or “Medicare Part D” means the Voluntary Prescription Drug Benefit Program set forth in Part D of the Act.

“Part D Eligible Retiree” means an individual who is (a) eligible for Part D in accordance with the Medicare Drug Rules, (b) not enrolled in a Part D plan (other than the EGWP Benefit), and (c) eligible to participate in Sponsor’s Current Benefit.

“Prescription Drug Plan” or “PDP” shall have the meaning set forth in the Medicare Drug Rules.

“True Out-of-Pocket Costs” or “TrOOP” means costs incurred by an EGWP Member or by another person on behalf of an EGWP Member, such as a deductible or other cost-sharing amount, with respect to Covered Drugs, as further defined in the Medicare Drug Rules.

“Vaccine Claim” means a claim for a Covered Drug which is a vaccine.

4. Plan Status Under Applicable Laws; Enrollment and Disenrollment in the EGWP Benefit.

A. Medicare Part D. Sponsor and MCLIC acknowledge and agree as follows:

1. The design of and administration of the EGWP Benefit is subject to the applicable requirements of the Medicare Drug Rules. Sponsor shall provide all information and documents to MCLIC as may be reasonably required to administer the EGWP Benefit.
2. If the number of Sponsor’s Part D Eligible Retirees is materially reduced or eliminated for any reason, MCLIC may communicate with those persons at MCLIC’s expense regarding alternative Medicare Part D options, including alternative Medicare Part D services offered by MCLIC or one or more of its affiliates, and the program pricing terms hereunder may be equitably modified by MCLIC to reflect the reduction or elimination of the number of Part D Eligible Retirees; provided that, any such communication complies with Applicable Law, including without limitation, the Medicare Drug Rules.

B. Group Enrollment. Subject to each individual’s right to opt out, as described below, Sponsor shall enroll Part D Eligible Retirees in the EGWP Benefit through a group enrollment process, as further described in and permitted under the Medicare Drug Rules. Sponsor agrees that it will comply with all applicable requirements for group enrollment in EGWPs as set forth in the Medicare Drug Rules, and as described and required by MCLIC’s policies and procedures.

C. EGWP Enrollment File. No later than sixty (60) days prior to the Effective Date and the first day of each EGWP Benefit enrollment period thereafter, so long as this EGWP Addendum is in effect, Sponsor shall provide an EGWP Enrollment File to MCLIC via the communication medium reasonably requested by MCLIC that lists those Part D Eligible Retirees for whom Sponsor intends to make application for enrollment in the EGWP Benefit (i.e., those Part D Eligible Retirees who have not opted out of the group enrollment process) for that contract year. Sponsor represents and warrants that all information it provides to MCLIC in the EGWP Enrollment File will be complete and correct. Sponsor shall

communicate all new enrollments (i.e., individuals who become eligible to participate in the EGWP Benefit outside of an annual election period), requested retroactive enrollments of Part D Eligible Retirees, and disenrollments from the EGWP Benefit via the communication medium reasonably requested by MCLIC. MCLIC agrees to process retroactive enrollment requests pursuant to the requirements of the Medicare Drug Rules.

D. Implementation.

1. MCLIC's Responsibilities. MCLIC shall implement the EGWP Enrollment File following confirmation of the Medicare Part D eligibility of the Part D Eligible Retirees listed on the EGWP Enrollment File with CMS enrollment files. A Part D Eligible Retiree will not be enrolled in the EGWP Benefit unless such individual is listed on both the EGWP Enrollment File submitted by Sponsor and the CMS eligibility files. Sponsor acknowledges and agrees that MCLIC may update in the EGWP Enrollment File any information concerning Part D Eligible Retirees upon receipt of corrected information from CMS, and MCLIC may use such corrected information to obtain a Part D Eligible Retiree's enrollment. For all Part D Eligible Retirees that have been included by Sponsor in the EGWP Enrollment File, but who are ultimately determined to be ineligible for participation in the EGWP Benefit, MCLIC or its affiliates shall notify the individual of his or her ineligibility in the EGWP Benefit and take all other action as required by Applicable Law. MCLIC shall communicate to Sponsor any changes to a Part D Eligible Retiree's information in the EGWP Enrollment File based upon updates or corrections received from CMS.
2. Incomplete EGWP Enrollment File Information. Sponsor's submission to MCLIC of an inaccurate or incomplete EGWP Enrollment File (e.g., missing Medicare Beneficiary Identifier (MBI), date of birth, last name, first name, gender, address, etc.) or otherwise incomplete information with respect to any individual Part D Eligible Retiree may result in a rejection of the Part D Eligible Retiree's enrollment in the EGWP Benefit. Sponsor acknowledges and agrees that MCLIC may contact Sponsor's Part D Eligible Retirees to obtain the information required hereunder and that MCLIC will update the EGWP Enrollment File on Sponsor's behalf to reflect additional information needed to complete enrollment of the Part D Eligible Retirees. If MCLIC, using reasonable efforts, is not able to obtain all missing information from a Part D Eligible Retiree within twenty-one (21) days after receiving Sponsor's initial request for enrollment of the Part D Eligible Retiree in the EGWP Benefit, then Sponsor's request shall be deemed cancelled and MCLIC or its affiliates shall notify the individual of his or her enrollment denial and non-enrollment in the EGWP Benefit and shall take all other action as required by Applicable Law.
3. Effective Date of Enrollment into EGWP Benefit. Notwithstanding any provision of this EGWP Addendum to the contrary, the effective date of enrollment for any Part D Eligible Retiree who MCLIC seeks to enroll in the EGWP Benefit hereunder shall be the date of enrollment requested for that Part D Eligible Retiree by Sponsor on the EGWP Enrollment File, subject to any adjustments that MCLIC may make relating to eligibility verification or eligibility processing rules reasonably agreed upon by the parties.

- E. Involuntary Disenrollment. If Sponsor determines that an EGWP Member is no longer eligible to participate as an EGWP Member in the EGWP Benefit for reasons such as loss of Sponsor's eligibility or residence outside of the service area (an "Involuntary Ineligible Enrollee"), Sponsor shall notify MCLIC at least twenty-five (25) days before the disenrollment effective date. Such Involuntary Ineligible Enrollee shall be notified about involuntary disenrollment and disenrolled in accordance with the Medicare Drug Rules. If CMS determines that an EGWP Member is no longer eligible to participate as an EGWP Member in the EGWP Benefit (an "CMS Ineligible Enrollee" and collectively with an Involuntary Ineligible Enrollee, an "Ineligible Enrollee"), upon notification to MCLIC, such CMS Ineligible Enrollee shall be notified and disenrolled in accordance with the Medicare Drug Rules.
- F. Voluntary Disenrollment. If an EGWP Member makes a voluntary request to be disenrolled from the EGWP Benefit (the "Voluntary Disenrollee") to Sponsor, then Sponsor shall notify MCLIC within ten (10) business days of its receipt of the request for disenrollment, in a manner and format agreed upon by the parties. If Sponsor does not timely notify MCLIC of such Voluntary Disenrollee's disenrollment in the EGWP Benefit, then MCLIC shall submit a retroactive disenrollment request to CMS. Sponsor acknowledges that CMS may only grant up to a ninety (90) day retroactive disenrollment in such instances. If the Voluntary Disenrollee makes his or her request directly to MCLIC, then MCLIC shall direct the Voluntary Disenrollee to initiate the disenrollment with the Sponsor.
- G. Group Disenrollment. If, upon the expiration of the then current term of this EGWP Addendum, Sponsor plans to disenroll its EGWP Members from the EGWP Benefit using a group disenrollment process, then Sponsor shall implement the following procedures:

1. Notification to EGWP Members. Sponsor shall provide at least twenty-one (21) days (or such other minimum days' notice as required by the Medicare Drug Rules, if longer) prior written notice to each EGWP Member that Sponsor plans to disenroll him or her from the EGWP Benefit and shall include with such written notification an explanation as to how the EGWP Member may contact CMS for information on other Medicare Part D options that might be available to the EGWP Member; and
 2. Information to MCLIC. Sponsor shall provide all the information to MCLIC that is required for MCLIC to submit a complete disenrollment request transaction to CMS, as set forth in the Medicare Drug Rules. Sponsor shall transmit the complete and accurate disenrollment file to MCLIC: (i) no later than twenty-five (25) days prior to the group disenrollment effective date, and (ii) in the case of a group disenrollment with an effective date of January 1 of the applicable calendar year, by no later than the deadline communicated to Sponsor by MCLIC.
- H. Responsibility for Claims After Loss of Eligibility or Disenrollment. Sponsor shall be responsible for reimbursing MCLIC pursuant to the billing provisions of the Contract for all Prescription Drug Claims processed by MCLIC, including those: (a) with respect to an Ineligible Enrollee during any period in which the EGWP Enrollment File indicated that such Ineligible Enrollee was eligible; and (b) with respect to a Voluntary Disenrollee, in the event Sponsor did not provide timely notice to MCLIC of such disenrollment as set forth herein.
- I. Effect On Commercial Benefit. By requesting a Member's enrollment as an EGWP Member in the EGWP Benefit, Sponsor represents that such EGWP Member's eligibility as a Member in the Commercial Benefit (except for EGWP supplemental coverage) will immediately terminate. Upon a Member's enrollment as an EGWP Member in the EGWP Benefit, Sponsor must communicate to MCLIC that the EGWP Member's eligibility as a Member in the Commercial Benefit has terminated through the Enrollment Files. Until Sponsor communicates to MCLIC that the Member's eligibility in the Commercial Benefit has terminated, coverage under the Commercial Benefit and the terms and conditions applicable thereto will remain in effect for that Member.
- J. Effect of Termination of Commercial Benefit. Termination of services with respect to the Commercial Benefit will not automatically terminate the provision of services with respect to the EGWP Benefit.
- K. Retroactive Payments / Enrollment and Disenrollment. MCLIC may receive or recoup payments from CMS based upon retroactive enrollments to the EGWP Benefit or retroactive disenrollments from the EGWP Benefit under this EGWP Addendum. To the extent MCLIC has agreed in this EGWP Addendum to pay Sponsor amounts equal to such payments, MCLIC shall pay such amounts to Sponsor within forty-five (45) days of MCLIC's receipt of payments from CMS; provided, further, that any related EGWP PMPM Fees (as defined below) associated with the retroactive enrollment or disenrollment shall be adjusted in accordance with the applicable terms of this EGWP Addendum.

5. Prescription Drug Services.

- A. Prescription Drug Services. In exchange for the fees set forth in Exhibit C of the Contract, MCLIC will administer the EGWP Benefit for EGWP Members in accordance with the terms and conditions of this EGWP Addendum. All such administrative services shall be provided by MCLIC in accordance with the Medicare Drug Rules and the terms of the EGWP Benefit.
- B. Actuarial Equivalence. The EGWP Benefit must satisfy all actuarial equivalence standards set forth in the Medicare Drug Rules. If MCLIC performs a review, Sponsor hereby agrees to cooperate with MCLIC to perform the necessary actuarial equivalence calculations to determine whether the EGWP Benefit meets the foregoing actuarial equivalence standards prior to the Effective Date. If MCLIC determines that the EGWP Benefit does not meet the actuarial equivalence standards, then Sponsor shall cooperate with MCLIC to make necessary adjustments to the EGWP Benefit design to meet the actuarial equivalence standards.
- C. Changes to the EGWP Benefit. Sponsor shall have the right to request changes to the terms of the EGWP Benefit from time to time by providing written notice to MCLIC. MCLIC shall implement any such requested changes, subject to the following conditions: (a) all changes to the EGWP Benefit must be consistent with and implemented in the time and manner permitted by the Medicare Drug Rules; (b) the EGWP Benefit, after implementation of such changes, must continue to meet the actuarial equivalence standards referenced above; and (c) any requested change that would increase MCLIC's costs of administering the EGWP Benefit without an equivalent increase in reimbursement to MCLIC from Sponsor shall not be implemented unless and until Sponsor and MCLIC agree in writing upon a corresponding amendment to the reimbursement terms of this EGWP Addendum.

- D. EGWP Member Communications. All standard EGWP Member communications concerning the EGWP Benefit (e.g., benefit overview document, formulary booklet, etc.) shall be mutually developed by MCLIC and Sponsor pursuant to the Medicare Drug Rules, including the CMS Marketing Guidelines contained therein. Pursuant to the Medicare Drug Rules, MCLIC must ensure all such EGWP Member communications, whether created and/or distributed by either Sponsor or MCLIC, are CMS compliant, and provide such to CMS upon request. If CMS notifies MCLIC that any such EGWP Member communication is deficient, Sponsor agrees to assist MCLIC to make necessary revisions to correct such deficiency.
- E. Claims Processing.
1. COB. MCLIC will coordinate benefits with state pharmaceutical assistance programs and entities providing other prescription drug coverage consistent with the Medicare Drug Rules.
 2. TrOOP. MCLIC will establish and maintain a system to record EGWP Members' TrOOP balances, and shall communicate TrOOP balances to EGWP Members upon request. MCLIC will provide 24-hours a day, 7-days a week toll-free telephone, IVR and Internet support to assist Sponsor and EGWP Members with TrOOP verification.
 3. EOBs. MCLIC will furnish EGWP Members, in a manner specified by CMS, a written or electronic explanation of benefits ("EOB") when prescription drug benefits are provided under qualified prescription drug coverage consistent with the requirements of the Medicare Drug Rules.
- F. Formulary and Medication Management. MCLIC or its affiliates will maintain a pharmacy and therapeutics committee ("P&T Committee") in accordance with the Medicare Drug Rules, which will develop a Medicare Formulary to be selected by Sponsor for the EGWP Benefit. All Covered Drugs on the Medicare Formulary shall be Part D drugs or otherwise permitted to be covered by a PDP under the Medicare Drug Rules. Sponsor acknowledges and agrees that the Medicare Formulary may not be modified by removing Covered Drugs, adding additional utilization management restrictions, making the cost-sharing status of a drug less beneficial or otherwise modified in a manner not consistent with the Medicare Drug Rules.
- G. Medication Therapy Management. For the fees identified on Exhibit C of the Contract, MCLIC or its affiliates will implement a Medication Therapy Management program that is designed to ensure that Covered Drugs prescribed to targeted EGWP Members are appropriately used to optimize therapeutic outcomes through improved medication use; and reduce the risk of adverse events, including adverse drug interactions.
- H. Late Enrollment Penalty. Sponsor agrees to and attests that it shall comply with the applicable CMS requirements of the LEP and shall comply with MCLIC's LEP policy, including participating with MCLIC in the following process:
1. Sponsor has an option to: (i) provide an initial global attestation to MCLIC to attest to creditable coverage for all of its EGWP Members; or (ii) periodically provide an attestation to MCLIC to attest to creditable coverage for its EGWP Members listed on the LEP report provided to Sponsor by MCLIC.
 2. If Sponsor elects to periodically attest to MCLIC under the preceding subsection, then:
 - a. Sponsor's response shall be delivered to MCLIC within five (5) business days from the receipt of LEP report from MCLIC;
 - b. Sponsor shall provide MCLIC with the file listing all EGWP Members for whom Sponsor was unable to attest; and
 - c. MCLIC shall also mail an attestation to each EGWP Member that has a gap in coverage as defined by CMS.
 3. Sponsor will provide MCLIC with an attestation in MCLIC's standard form, which will be provided to Sponsor upon request, and a file listing of all the EGWP Members included in the attestation.
 4. MCLIC will collect responses to the attestations from Sponsor or EGWP Members and submit EGWP Members' information to CMS for processing and determination of applicable LEP.
- I. CMS calculates the LEP amount and transmits the LEP amount to MCLIC on the daily TRR file, which is communicated to Sponsor. MCLIC shall invoice Sponsor for payment of the LEP. Sponsor may elect to either pay for the LEP on behalf of the EGWP Member, or seek reimbursement of the LEP amount from the EGWP Member. This election must

be made prior to the beginning of each plan year and must be applied consistently by Sponsor for all EGWP Members throughout each plan year.

- J. Organized Health Care Arrangement. The parties agree that with respect to the EGWP Benefit, Sponsor and MCLIC are party to an Organized Health Care Arrangement under clause (3) of the definition of "Organized Health Care Arrangement" at 45 C.F.R. § 160.103.

6. Document Retention and Government Audit.

- A. Document Retention. MCLIC and Sponsor will maintain, for a period of the then current plan year plus an additional ten (10) years, the applicable books, contracts, medical records, patient care documentation, and other records relating to covered services under this EGWP Addendum, including those relating to the collection of monthly premiums as set forth herein.
- B. Government Audit. MCLIC and Sponsor agree to allow the United States Department of Health and Human Services ("DHHS") and the Comptroller General, or their designees, the right to audit, evaluate, collect, and inspect books, contracts, medical records, patient care documentation and other records relating to covered services under this EGWP Addendum, as are reasonably necessary to verify the nature and extent of the costs of the services provided to EGWP Members under this EGWP Addendum, for a period of the then current plan year, plus an additional ten (10) years following termination or expiration of the EGWP Addendum for any reason, or until completion of any audit, whichever is later.

7. Monthly Premiums; Fees; Billing and Payment.

A. Monthly Premiums.

1. Collection of Monthly Premium Amounts. In accordance with the Medicare Drug Rules, MCLIC hereby delegates the premium collection function to Sponsor and hereby directs Sponsor, on behalf of MCLIC, to collect all monthly premium payments due from EGWP Members for participation in the EGWP Benefit. In connection with MCLIC's delegation of the premium collection function to Sponsor under this Section 7.A.1, Sponsor hereby agrees as follows:
- a. That in no event, including, but not limited to, nonpayment by MCLIC of any amounts due by MCLIC to Sponsor pursuant to this EGWP Addendum, MCLIC's insolvency, or MCLIC's breach of this EGWP Addendum, will Sponsor bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against an EGWP Member or persons acting on his or her behalf for payments that are the financial responsibility of MCLIC under this EGWP Addendum. The foregoing is not intended to prohibit Sponsor from collecting premium amounts due by EGWP Members for participation in the EGWP Benefit.
2. Determination of Monthly Premium Amounts (if any) to be Subsidized by Sponsor. In determining the amount of the EGWP Member's monthly premium for participation in the EGWP Benefit that Sponsor will subsidize, if any, Sponsor shall make such determination subject to the following restrictions and any other restrictions that may be imposed by CMS:
- a. Sponsor may subsidize different amounts for different classes of EGWP Members provided such classes are reasonable and based on objective business criteria, such as years of service, business location, job category, and nature of compensation (e.g., salaried vs. hourly). Different classes cannot be based on eligibility for the Low Income Subsidy;
 - b. Sponsor may not vary the premium subsidy for individuals within a given class of EGWP Members;
 - c. Sponsor may not charge an EGWP Member more than the sum of his or her monthly beneficiary premium attributable to basic prescription drug coverage and 100% of the monthly beneficiary premium attributable to his or her supplemental prescription drug coverage, if any;
 - d. MCLIC will, as directed by Sponsor, directly refund to the EGWP Member, within forty-five (45) days of original receipt from CMS of the Low Income Subsidy premium, the full premium subsidy amount up to the monthly beneficiary premium amount previously collected from the EGWP Member; provided, however, that to the extent there are Low Income Subsidy premium amounts remaining after MCLIC refunds the full monthly beneficiary premium amount to the EGWP

Member, then that remaining portion of the Low Income Subsidy premium may be applied to the portion of the monthly premium paid by Sponsor;

- e. If Sponsor is not able to reduce the up-front monthly beneficiary premium as described in subsection (d) above, MCLIC, as directed by Sponsor, shall directly refund to the EGWP Member, within forty-five (45) days of original receipt from CMS of the Low Income Subsidy premium, the full premium subsidy amount up to the monthly beneficiary premium amount previously collected from the EGWP Member;
 - f. If the Low Income Subsidy amount for which an EGWP Member is eligible is less than the portion of the monthly beneficiary premium paid by the EGWP Member, then MCLIC will communicate to the EGWP Member the financial consequences for the beneficiary of enrolling in the EGWP Benefit as compared to enrolling in another Medicare Part D plan with a monthly beneficiary premium equal to or below the Low Income Subsidy amount; and
 - g. In the event of a change in an EGWP Member's Low Income Subsidy status or an EGWP Member otherwise becomes ineligible to receive the Low Income Subsidy after payment of the Low Income Subsidy premium amount to the EGWP Member, and upon MCLIC's receipt of notification from CMS that such Low Income Subsidy premium amount will be recovered from MCLIC or withheld from future payments to MCLIC, then MCLIC in its sole discretion will invoice Sponsor or set off from amounts otherwise owed from MCLIC to Sponsor, and in either case Sponsor shall reimburse MCLIC for, all amounts deemed by CMS to be ineligible Low Income Subsidy premium payments with respect to the EGWP Member.
3. Reporting and Auditing of Premium Amounts; Non-Payment by EGWP Members. Upon reasonable advance written notice, MCLIC or its affiliates shall have access to Sponsor's records, including evidence of Sponsor's calculations of monthly premium amounts, in order to audit the monthly premium amounts collected from EGWP Members for the purposes of fulfilling reporting requirements under the Medicare Drug Rules or applicable state insurance laws related to collection of such premium amounts or to otherwise assess compliance with the Medicare Drug Rules in connection with the collection of such premium amounts. Any audits performed by MCLIC or its affiliates pursuant to this Section 7.A.3 will be at MCLIC's expense. Sponsor acknowledges and agrees that neither MCLIC nor its affiliates shall be responsible to Sponsor for non-payment by any EGWP Member of any monthly premium amount due by such EGWP Member for participation in the EGWP Benefit. Sponsor further acknowledges and agrees that in the event that either Sponsor or MCLIC (through any audit) determines that Sponsor has collected a greater premium amount from an EGWP Member than is due, that Sponsor shall promptly refund any such overpayment to the EGWP Member.
- B. Billing. MCLIC or its affiliates will bill Sponsor for, and Sponsor shall pay MCLIC or its affiliates, (i) every two weeks for the EGWP Claims Reimbursement Amount (as defined below) for such billing period; and (ii) once per month for any EGWP Administrative Services Fees (as defined below) incurred by Sponsor during the previous month (or earlier if not yet invoiced to Sponsor) and EGWP PMPM Fees (as defined below) due for such period. The EGWP Claims Reimbursement Amount, EGWP PMPM Fees, and EGWP Administrative Services Fees shall be referred to collectively as "EGWP Fees". For purposes of this Section 7.B:
1. "EGWP Claims Reimbursement Amount" means, with respect to any period, the amount equal to the aggregate amount of reimbursement due from Sponsor to MCLIC for Covered Drugs dispensed to EGWP Members by the Pharmacies, and, if applicable, for Member Submitted Claims during such period, including dispensing fees and all associated claims processing administrative fees, based on the reimbursement rates and pricing terms set forth on Exhibit C of the Contract;
 2. "EGWP PMPM Fees" means, with respect to any period, all per EGWP Member per month administrative fees as set forth on Exhibit C-2 of the Contract for such period.
 3. "EGWP Administrative Services Fees" means the fees incurred by Sponsor, if any, for MCLIC's or its affiliates' performance of the administrative services listed in the EGWP Administrative Fees table set forth on Exhibit C of the Contract.
- C. CMS Reimbursement.
1. CMS Reimbursement Payment Terms.

(a) CMS Reimbursement Payment Terms (Direct Subsidy/Low-Income Subsidy). MCLIC will pay Sponsor an amount equal to the total amount paid to MCLIC by CMS for the following: (1) advance direct subsidy monthly payments paid to MCLIC, if any, by CMS with respect to EGWP Members and (2) low-income subsidy payments paid to MCLIC by CMS, if any, with respect to EGWP Members and subject to the provisions of Medicare Subcontractor Contract Requirements (collectively, "CMS Subsidy Reimbursement"). MCLIC will pay amounts equal to the CMS Subsidy Reimbursement, allocated pursuant to the terms of this Contract, on a monthly basis approximately thirty (30) days after MCLIC's receipt of the CMS Subsidy Reimbursement from CMS. MCLIC and its affiliates retain all right, title and interest to any and all actual CMS Subsidy Reimbursement received from CMS, except that MCLIC shall pay Sponsor amounts equal to the CMS Subsidy Reimbursement amounts allocated to Sponsor, as specified in this Contract, from MCLIC's or its affiliates' general assets (neither Sponsor nor its EGWP Member's retain any beneficial or proprietary interest in MCLIC's or its affiliates' general assets). Sponsor acknowledges and agrees that neither it nor its EGWP Members shall have a right to interest on, or the time value of, any CMS Subsidy Reimbursement payments received by MCLIC or its affiliates during the collection period or moneys payable under this Section. No CMS Subsidy Reimbursements shall be paid until this Contract is executed by Sponsor. MCLIC shall have the right to retain or apply Sponsor's allocated CMS Subsidy Reimbursement amounts or Rebates with respect to EGWP Member utilization to unpaid Fees and shall have the right to delay payment of CMS Subsidy Reimbursement amounts to allow for final adjustments upon termination of this Contract.

(b) CMS Reimbursement Payment Terms (Prospective Reinsurance). MCLIC will pay Sponsor prospective reinsurance payments based on the lesser of the CMS defined per member per month prospective reinsurance for the effective plan year or the Sponsor's per member per month reinsurance for the most recent plan year closed by CMS for reconciliation purposes. For Sponsor's first year as an EGWP administered by MCLIC, MCLIC will pay Sponsor prospective reinsurance payments based on the lesser of (a) the CMS defined per member per month prospective reinsurance for the effective plan year or (b) the Sponsor's projected per member per month reinsurance for the effective plan year based on claims experience of Sponsor's EGWP Members or (c) projected per member per month reinsurance for the effective plan year based on claims experience of EGWP book of business data if Sponsor's EGWP Member claims are unavailable. MCLIC will pay amounts on a monthly basis approximately thirty (30) days after MCLIC's receipt of the prospective reinsurance reimbursement from CMS ("Prospective Reinsurance CMS Reimbursement"). MCLIC and its affiliates retain all right, title, and interest to any and all actual Prospective Reinsurance CMS Reimbursement amounts allocated to Sponsor, except that MCLIC shall pay Sponsor Prospective Reinsurance CMS Reimbursement amounts allocated to Sponsor, as specified in this Contract, from MCLIC's or its affiliates' general assets (neither Sponsor nor its EGWP Members retain any beneficial or proprietary interest in MCLIC's or its affiliates' general assets). Sponsor acknowledges and agrees that neither it nor its EGWP Members shall have a right to interest on, or the time value of, any Prospective Reinsurance CMS Reimbursement payments received by MCLIC or its affiliates during the collection period or moneys payable under this Section. No Prospective Reinsurance CMS Reimbursements shall be paid until this Contract is executed by Sponsor. MCLIC shall have the right to retain or apply Sponsor's allocated Prospective Reinsurance CMS Reimbursement amounts or Rebates with respect to EGWP Member utilization to unpaid Fees and shall have the right to delay payment of Prospective Reinsurance CMS Reimbursement amounts to allow for final adjustments upon termination of this Contract.

2. CMS Reimbursement Reporting. At least annually, MCLIC will provide Sponsor an accounting of all CMS Subsidy Reimbursement and Prospective Reinsurance CMS Reimbursement received by MCLIC from CMS pursuant to the Medicare Drug Rules with respect to the EGWP Benefit.

D. CMS-Required Reconciliation / Reinsurance.

1. End-of-Year Reconciliation. The parties acknowledge that after the conclusion of each plan year, CMS will reconcile payment year disbursements with updated enrollment and health status data, actual low-income cost-sharing costs, actual allowable reinsurance costs, and other pertinent information. Upon final CMS end-of-year reconciliation, the following shall occur: (i) in the event that the actual incurred reinsurance amount calculated during reconciliation exceeds the prospective amounts paid to Sponsor by MCLIC, MCLIC will pay such amounts to Sponsor subject to the remaining terms of this Contract, and (ii) in the event that the actual incurred reinsurance amount calculated during reconciliation is less than the prospective amounts paid to Sponsor by MCLIC, Sponsor shall repay to MCLIC such amounts previously paid by MCLIC in accordance with the payment terms of the Agreement. MCLIC shall have the right to retain or apply Sponsor's allocated CMS end of year reconciliation amounts to EGWP Member utilization, to any unpaid Fees and shall have the right to delay payment of CMS end of year reconciliation amounts to allow for final adjustments upon termination of this Contract. MCLIC shall have the right to

offset reconciliation amounts Sponsor owes to MCLIC against Rebates, CMS subsidy reimbursements, prospective reinsurance CMS reimbursements, or manufacturer Coverage Gap Discount amounts. All such payments resulting from a CMS reconciliation will be paid to Sponsor no later than January 31 of the calendar year immediately following the date of MCLIC's receipt of the reconciliation payments from CMS. If CMS subsequently recovers any end of year reconciliation payments from MCLIC due to a CMS plan year reopening or other process described in the Medicare Drug Rules, then Sponsor shall be obligated to repay to MCLIC such amounts previously paid to Sponsor. Such reconciliation reopening amounts may be invoiced to Sponsor and shall be paid within thirty (30) days of Sponsor's receipt. If payment is not forthcoming, MCLIC may offset any such payments owed against any payment MCLIC or an affiliate may owe to Sponsor. Accordingly, MCLIC shall have the right to apply reconciliation amounts owed from Sponsor due to a CMS plan year reopening against Rebates, CMS subsidy reimbursements, prospective reinsurance CMS reimbursements, or manufacturer Coverage Gap Discount amounts. If CMS subsequently reimburses MCLIC for end of year reconciliations payments due to a CMS plan year reopening or other process described in the Medicare Drug rules, then MCLIC will pay such amounts to Sponsor.

2. Plan-to-Plan Reconciliation. MCLIC will perform plan-to-plan coordination of EGWP Members' prescription drug benefits with other provider of prescription drug coverage as set forth in the Medicare Drug Rules and any related reconciliation; provided, that no later than January 31 of the calendar year immediately following completion of such coordination or reconciliation process, MCLIC shall pay to Sponsor an amount equal to payments recovered for the EGWP Benefit, but at the same time MCLIC shall have a right to recoup from Sponsor any amount which MCLIC is obligated to pay to any other prescription drug plan pursuant to a plan-to-plan reconciliation.

E. Manufacturer Coverage Gap Discount.

1. Pursuant to its CMS contract, MCLIC has agreed to administer for EGWP Members at point-of-sale the Coverage Gap Discount authorized by section 1860D-14A of the Social Security Act. In connection with the Coverage Gap Discount, CMS will coordinate the collection of discount payments from manufacturers, and payment to MCLIC, through a CMS contractor (the "Coverage Gap Discount Payments"). Subject to Section 7(D)(1) above, MCLIC agrees to periodically remit to Sponsor amounts equal to 100% of the Coverage Gap Discount Payments received by MCLIC within forty-five (45) days of the CMS Manufacturer Payment Date. MCLIC and its affiliates retain all right, title and interest to any and all actual Coverage Gap Discount Payments received from CMS, except that MCLIC shall pay Sponsor amounts equal to the Coverage Gap Discount Payments amounts allocated to Sponsor, as specified in this Contract, from MCLIC's or its affiliates' general assets (neither Sponsor nor its EGWP Members retain any beneficial or proprietary interest in MCLIC's or its affiliates' general assets). Sponsor acknowledges and agrees that neither it nor its EGWP Members shall have a right to interest on, or the time value of, any Coverage Gap Discount Payments received by MCLIC or its affiliates during the collection period or moneys payable under this Section. No Coverage Gap Discount Payments shall be paid until this Contract is executed by Sponsor. MCLIC shall have the right to apply Sponsor's allocated Coverage Gap Discount Payments amount to unpaid Fees and shall have the right to delay payment of Coverage Gap Discount Payments to allow for final adjustments upon termination of this Contract. Notwithstanding anything contained in this Section 7, Sponsor shall retain all right, title, and interest to the amounts that MCLIC is contractually obligated to pay Sponsor hereunder, and failure by MCLIC to pay such amounts will constitute a breach of this Contract.
2. If the EGWP Benefit administered by MCLIC under this EGWP Addendum for Sponsor includes EGWP Plus design elements, then the Coverage Gap Discount will be coordinated with the Commercial Benefit consistent with the Medicare Drug Rules.

8. Term and Termination; Default and Remedies.

- A. Termination of MCLIC's Contract with CMS. If at any time throughout the term of this EGWP Addendum, CMS either does not renew its contract with MCLIC or terminates its contract with MCLIC such that MCLIC may no longer provide services as a PDP Sponsor under the Medicare Drug Rules, then this EGWP Addendum shall be automatically terminated conterminously with such CMS contract termination.
- B. Obligations Upon Termination. Sponsor or its agent shall pay MCLIC, or its affiliate, in accordance with this Contract for all claims for Covered Drugs dispensed and services provided to Sponsor and EGWP Members on or before the later of: (i) the effective date of termination, or (ii) the final date that all EGWP Members have been transitioned to a new Part D plan, as applicable (the "Termination Date"). Claims submitted by Participating Pharmacies or EGWP

Member Submitted Claims filed with MCLIC after the Termination Date shall be processed and adjudicated in accordance with a mutually determined run-off plan, provided that, in any event, and subject to all applicable payment terms of this Contract: (i) MCLIC shall re-process or re-adjudicate claims originally processed and adjudicated on or before the Termination date, as necessary, for a period of five (5) years from the end of the plan year in which the applicable claim was processed and adjudicated; (ii) MCLIC shall process and adjudicate EGWP Member Submitted Claims for Covered Drugs dispensed and services provided on or before the Termination Date for a period of three (3) years from the termination of this Contract; and (iii) MCLIC shall process and adjudicate claims submitted by Participating Pharmacies for Covered Drugs dispensed and services provided on or before the Termination Date for a period of ninety (90) days from the termination of this Contract. The parties shall cooperate regarding the transition of Sponsor and its EGWP Members to a successor PDP Sponsor in accordance with all applicable Medicare Drug Rules and MCLIC will take all reasonable steps to mitigate any disruption in service to EGWP Members. Notwithstanding the preceding, MCLIC may (a) delay payment of any final CMS reimbursement amounts, Rebate amounts or other amounts due Sponsor, if any, to allow for final reconciliation of any outstanding amount owed by Sponsor to MCLIC, or (b) request that Sponsor pay a reasonable deposit in the event MCLIC is requested to process after the Termination Date claims incurred on or prior to such date. If CMS subsequently recovers any end of year reconciliation payments from MCLIC due to a CMS Plan Year reopening or other process described in the Medicare Drug Rules after the effective date of termination, then Sponsor shall be obligated to repay to MCLIC such amounts previously paid to Sponsor. If CMS subsequently reimburses MCLIC for end of year reconciliations payments due to a CMS Plan Year reopening or other process described in the Medicare Drug rules after the effective date of termination, then MCLIC will pay such amounts to Sponsor.

IN WITNESS WHEREOF, the undersigned have executed this EGWP Addendum as of the day and year below set forth.

MEDCO CONTAINMENT LIFE INSURANCE COMPANY

THE TEXAS A&M UNIVERSITY SYSTEM

DS
JD

DocuSigned by:
Grace Allen
By: _____
B0AE8A83027940E...
Printed Name: Grace Allen
Title: VP Account Management
Date: 05/06/2022 | 4:58 PM CDT

DocuSigned by:
Billy Hamilton
By: _____
BEECD889EA78479...
Printed Name: Billy Hamilton
Title: Deputy Chancellor & CFO
Date: 5/5/2022 | 4:47:11 CDT
Federal ID Number: 74-2648747

EXHIBIT I**AUDIT PROTOCOL****1. AUDIT PRINCIPLES**

ESI recognizes the importance of its clients ensuring the integrity of their business relationship by engaging in annual audits of their financial arrangements with ESI, and, where applicable (i.e. Medicare Part D), by auditing compliance with applicable regulatory requirements. ESI provides this audit right to each and every client. In granting this right, ESI's primary interest is to facilitate a responsive and responsible audit process. In order to accomplish this goal, for all clients, ESI has established the following Protocol. ESI's intent is in no way to limit Sponsor's ability to determine that ESI has properly and accurately administered the financial aspects of the Contract or complied with applicable regulatory requirements, but rather to create a manageable process in order to be responsive to ESI's clients and the independent auditors that they may engage.

2. AUDIT PREREQUISITES

A. There are four components of Sponsor's arrangement with ESI eligible for audit on an annual basis (calendar year) from February through October, with the exception of the Medicare Part D oversight component which is available on an annual basis from March through November:

- Retrospective Claims
- Rebates (subsequent to true up)
- Performance Guarantees (subsequent to true up)
- Compliance with Regulatory Requirements (i.e. Medicare Part D) Note: If ESI is supporting a government initiated audit on behalf of Sponsor concurrently with the Sponsor initiated oversight audit, ESI resources will primarily be utilized to address the government audit requests. As such, ESI's response to Sponsor initiated audits may be delayed.

Balancing the need to adequately support the audit process for all ESI clients, with an efficient allocation of resources, clients who choose to audit one or more components of the arrangement must do so for all lines of business, as applicable, through a single annual audit.

- B. ESI will provide all data reasonably necessary for Sponsor to determine that ESI has performed in accordance with contractual terms. ESI will provide the retrospective claims and benefit information in no more than thirty (30) days from audit kickoff call and having an executed confidentiality agreement. ESI's pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort between Sponsor and/or its Auditor and ESI.
- C. ESI engages a national accounting firm, at its sole cost and expense, to conduct a SSAE 18, SOC 1 audit on behalf of its clients. Upon request, ESI will provide the results of its most recent SSAE 18, SOC 1 audit. Testing of the areas covered by the SSAE 18, SOC 1 is not within the scope of Sponsor's audit rights (i.e., to confirm the financial aspects of the Contract) and is therefore not permitted. However, if requested, ESI will explain the SSAE 18, SOC 1 audit process and findings to Sponsor in order for Sponsor to gain an understanding of the SSAE 18, SOC 1.

3. AUDITS

- A. The initial audit period for a retrospective claims, rebates and performance guarantee audit covers a timeframe not to exceed twenty-four (24) months immediately preceding the request to audit (the "Audit Period"). This Audit Period allows a reasonable amount of time for both parties to conclude the audit before data is archived off the adjudication system.
- B. CMS generally modifies its requirements for administering the Medicare Part D annually. For this reason, the initial audit period for a Medicare Part D compliance audit covers a timeframe not to exceed the twelve (12) months immediately preceding the request to audit (collectively, the "Medicare Part D Audit Period"). This Medicare Part D Audit Period is intended to assist our clients with the CMS annual oversight requirements. ESI will be responsible for support of all services delegated to ESI. Mock audits intended to simulate a CMS Program Audit shall not exceed a one (1) day webinar to review three (3) samples per each data universe review. ESI will provide data universes within ten (10) business days of Sponsor request and responses to webinar follow-up requests within fifteen (15) business days of Sponsor request. ESI shall not be required to provide data or responses in a more aggressive timeline than CMS requirements. If Sponsor has requested that ESI assist with findings related to services not delegated during an audit, ESI may accommodate such requests, which will be provided at ESI's standard audit charges.
- C. When performing a Rebate audit, Sponsor may perform an on-site review of the applicable components of manufacturer agreements, selected by Sponsor, as reasonably necessary to audit the calculation of the Rebate payments made to Sponsor by ESI. ESI's ability to drive value through the supply chain and in its negotiations with manufacturers is dependent upon the strict confidentiality and use of these agreements. Providing access to these agreements to third parties that perform services in the industry beyond traditional financial auditing jeopardizes ESI's ability to competitively drive value. For this reason, unless otherwise agreed by the Parties, access to and audit of manufacturer agreements is restricted to a mutually agreed upon CPA accounting firm whose audit department is a separate stand-alone division of the business, which carries insurance for professional malpractice of at least Two Million Dollars (\$2,000,000).

- D. The Sponsor may select an initial number of manufacturer contracts to enable Sponsor to audit fifty percent (50%) of the total Rebate payments due to Sponsor for two (2) calendar quarters during the twenty-four (24) month period immediately preceding the audit (the "Rebate Audit Scope and Timeframe").
- E. If Sponsor has a Pass-Through pricing arrangement for Participating Pharmacy claims, ESI will provide the billable and payable amount for a sampling of claims provided by Sponsor or Sponsor's Auditor (i.e., ESI will provide the actual documented claim record) during the audit to verify that ESI has administered such Pass-Through pricing arrangement consistent with the terms of this Contract. If further documentation is required, ESI may provide a sample of claims remittances to the Participating Pharmacies to demonstrate ESI's administration of Pass-Through pricing. In any instance where the audit demonstrates that the amount billed to Sponsor does not equal the Pass-Through amount paid to the Participating Pharmacy, Sponsor's Auditor may perform an on-site audit of the applicable Participating Pharmacy contract rate sheet(s).

4. AUDIT FINDINGS

- A. Following Sponsor's initial retrospective claims audit, Sponsor (or its Auditor) will provide ESI with suspected errors, if any. In order for ESI to evaluate Sponsor's suspected errors, Sponsor shall provide an electronic data file in a mutually agreed upon format containing up to 300 claims for further investigation by ESI. ESI will respond to the suspected errors in no more than sixty (60) days from ESI's receipt of such findings. ESI's pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort between Sponsor and/or its Auditor and ESI.
- B. Following Sponsor's initial rebate and performance guarantee audit, Sponsor's Auditor will provide ESI with suspected errors, if any. ESI will respond to the suspected errors in no more than sixty (60) days from ESI's receipt of such findings. ESI's pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort between Sponsor and/or its Auditor and ESI.
- C. Following Sponsor's initial audit of Medicare Part D compliance, Sponsor (or its Auditor) will provide ESI with suspected non-compliant issues, if any. In order for ESI to evaluate Sponsor's suspected errors, Sponsor shall provide ESI with specific regulatory criteria and Medicare Part D program requirements used to cite each suspected non-compliant issue. ESI will respond to the suspected errors in no more than thirty (30) days from ESI's receipt of the findings. ESI's pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort between Sponsor and/or its Auditor and ESI.

5. FINAL REPORT

- A. Upon receipt and review of ESI's responses to Sponsor (or its Auditor), Sponsor (or its Auditor) will provide ESI with a written report of findings and recommendations. ESI will respond to the audit report in no more than thirty (30) days from ESI's receipt of the report. ESI's pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort (i.e., no new issues noted) between Sponsor and/or its Auditor and ESI.
- B. Sponsor agrees that once audit results are accepted by both parties, the audit shall be considered closed and final. To the extent the mutually accepted audit results demonstrate claims errors, ESI will reprocess the claims and make corresponding adjustments to Sponsor through credits to a future invoice(s). If ESI is unable to reprocess claims and issue corresponding credits to Sponsor through this process, ESI will make adjustments to Sponsor via a check or credit.
- C. New audits cannot be initiated until all parties have agreed that the prior audit is closed.

6. AUDITS BY GOVERNMENT ENTITIES

- A. In the event CMS, the OIG, MEDIC, or another government agency has engaged in an audit of Sponsor and/or its "first tier" and "downstream entities", Sponsor shall contact the ESI Account Management team and provide a written copy of the audit notice or request from the government agency promptly upon receipt (to the extent legally permitted).
- B. Sponsor agrees that CMS may have direct access to ESI's and any such "downstream entity's" pertinent contracts, books, documents, papers, records, premises and physical facilities, and that ESI and such "downstream entity" will provide requested information directly to CMS unless otherwise agreed upon by ESI and Sponsor.
- C. Following the government audit of Sponsor and its "first tier" and "downstream entities", Sponsor shall provide ESI with a written report of suspected non-compliant issues noted in the government audit that relate to services provided by ESI, if any. If there are such findings, ESI will work with Sponsor and/or government agency to respond to any suspected non-compliant issues.
- D. Support for all such audits by government entities will be subject to ESI's standard charges. All such fees shall be reasonable and based on ESI's costs for supporting such audits.

7. CONFIDENTIALITY

ESI's contracts are highly confidential and proprietary. For this reason, ESI only permits on-site review rather than provide copies to ESI's clients. During on-site contract review, Sponsor (or its Auditor) may take and retain notes to the extent necessary to document any identified errors, but may not copy (through handwritten notes or otherwise) or retain any contracts (in part or in whole) or related documents provided or made available by ESI in connection with the audit. ESI will be entitled to review any notes to affirm compliance with this paragraph.

EXHIBIT J
HIPAA Business Associate Agreement

This Business Associate Agreement (this “**Agreement**”) by and between The Texas A&M University System (“**A&M System**”), an agency of the State of Texas, on behalf of the A&M System Benefits Administration (“**Covered Entity**”) and Express Scripts, Inc. (“**Business Associate**”), shall be effective as of September 1, 2021 (the “**Effective Date**”).

WHEREAS, Covered Entity and Business Associate have entered into, are entering into, or may subsequently enter into, agreements or other documented arrangements (collectively, the “**Business Arrangements**”) pursuant to which Business Associate may provide products and/or services for Covered Entity that require Business Associate to access, create, maintain, and use health information that is protected by state and/or federal law.

WHEREAS, pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“**HIPAA**”), the U.S. Department of Health & Human Services (“**HHS**”) promulgated the Standards for Privacy of Individually Identifiable Health Information (the “**Privacy Standards**”), at 45 C.F.R. Parts 160 and 164, requiring certain individuals and entities subject to the Privacy Standards (each a “**Covered Entity**”, or collectively, “**Covered Entities**”) to protect the privacy of certain Protected Health Information or PHI (as defined below).

WHEREAS, pursuant to HIPAA, HHS issued the Security Standards (the “**Security Standards**”), at 45 C.F.R. Parts 160, 162 and 164, for the protection of Electronic Protected Health Information (as defined below).

WHEREAS, in order to protect the privacy and security of PHI, including EPHI, created or maintained by or on behalf of the Covered Entity, the Privacy Standards and Security Standards require a Covered Entity to enter into a “business associate agreement” with certain individuals and entities providing services for or on behalf of the Covered Entity if such services require the use or disclosure of PHI or EPHI.

WHEREAS, Health Information Technology for Economic and Clinical Health Act and its implementing regulations (the “**HITECH Act**”) impose certain privacy and security obligations on Covered Entities in addition to the obligations created by the Privacy Standards and Security Standards.

WHEREAS, the HITECH Act revises many of the requirements of the Privacy Standards and Security Standards concerning the confidentiality of PHI and EPHI, including extending certain HIPAA and HITECH Act requirements directly to Business Associates.

WHEREAS, the HITECH Act requires that certain of its provisions be included in business associate agreements, and that certain requirements of the Privacy Standards be imposed contractually upon Covered Entities as well as Business Associates.

WHEREAS, the Texas Legislature has adopted certain privacy and security requirements that are more restrictive than those required by HIPAA and HITECH, and such requirements are applicable to Business Associates as “Covered Entities” as defined by Texas law.

NOW THEREFORE, in consideration of the mutual promises set forth in this Agreement and the applicable Business Arrangements, and other good and valuable consideration, the sufficiency and receipt of which are hereby acknowledged, the parties hereby agree as follows:

I. Definitions

- a. All capitalized terms used in this Agreement and not otherwise defined shall have the meanings ascribed to them in HIPAA.
- b. “**Business Associate**” shall have the same meaning as the term “business associate” at 45 CFR Section 160.103, and in reference to the party to this Agreement, shall mean Express Scripts, Inc.

- c. **“Breach”** shall mean the acquisition, access, use or disclosure of Protected Health Information in a manner not permitted by the HIPAA Privacy Rule that compromises the security or privacy of the Protected Health Information as defined, and subject to the exceptions set forth, in 45 CFR Section 164.402.
- d. **“Covered Entity”** shall have the same meaning as the term “covered entity” at 45 CFR Section 160.103, and in reference to the party to this Agreement, shall mean the A&M System.
- e. **“Data Aggregation Services”** shall mean the combining of PHI or EPHI by Business Associate with the PHI or EPHI received by Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of, payment to, and treatment of patients by the respective covered entities.
- f. **“Electronic Protected Health Information”** shall mean Protected Health Information that is transmitted or maintained in Electronic Media.
- g. **“HIPAA Breach Notification Rule”** shall mean the federal breach notification regulations, as amended from time to time, issued under HIPAA and set forth in 45 CFR Part 164 (Subpart D).
- h. **“HIPAA Privacy Rule”** shall mean the federal privacy regulations, as amended from time to time, issued under HIPAA and set forth in 45 CFR Parts 160 and 164 (Subparts A & E).
- i. **“HIPAA Security Rule”** shall mean the federal security regulations, as amended from time to time, issued under HIPAA and set forth in 45 CFR Parts 160 and 164 (Subparts A & C).
- j. **“Protected Health Information of PHI”** shall mean Protected Health Information, as defined in 45 CFR Section 160.103, and is limited to the Protected Health Information received, maintained, created or transmitted on behalf of, Covered Entity by Business Associate in performance of the Underlying Services.
- k. **“Underlying Services”** shall mean, to the extent and only to the extent they involve the creation, maintenance, use, disclosure or transmission of Protected Health Information, the services performed by Business Associate for Covered Entity pursuant to the Underlying Services Agreement.
- l. **“Underlying Services Agreement”** shall mean the written agreement(s) (other than this Agreement) by and between the parties pursuant to which Business Associate has access to, receives, maintains, creates or transmits PHI for or on behalf of Covered Entity in connection with the provision of the services described in that agreement(s) by Business Associate to Covered Entity or in performance of Business Associate’s obligations under such agreement(s).

II. Business Associate Obligations.

Business Associate may receive from Covered Entity, or create or receive or maintain on behalf of Covered Entity, health information that is protected under applicable state and/or federal law, including without limitation, PHI and EPHI. All references to PHI herein shall be construed to include EPHI. Business Associate agrees not to use or disclose (or permit the use or disclosure of) PHI in a manner that would violate the Privacy Standards, Security Standards, the HITECH Act, or Texas law, including without limitation the provisions of Texas Health and Safety Code Chapters 181 and 182 as amended by HB 300 (82nd Legislature), effective September 1, 2012, in each case including any implementing regulations as applicable (collectively referred to hereinafter as the **“Confidentiality Requirements”**) if the PHI were used or disclosed by Covered Entity in the same manner.

III. Use of Protected Health Information

Except as otherwise required by law, Business Associate shall use PHI in compliance with 45 C.F.R. Section 164.504(e). Furthermore, Business Associate shall use PHI (i) solely for Covered Entity's benefit and only for the purpose of performing services for Covered Entity as such services are defined in Business Arrangements, (ii) for Data Aggregation Services (as herein defined), and (iii) as necessary for the proper management and administration of the Business Associate or to carry out its legal responsibilities, provided that such uses are permitted under federal and state law. For avoidance of doubt, under no circumstances may Business Associate sell PHI in such a way as to violate Texas Health and Safety Code, Chapter 181.153, as amended by HB 300 (82nd Legislature), effective September 1, 2012, nor shall Business Associate use PHI for marketing purposes in such a manner as to violate Texas Health and Safety Code Section 181.152, or attempt to re-identify any information in violation of Texas Health and Safety Code Section 181.151, regardless of whether such action is on behalf of or permitted by the Covered Entity. To the extent not otherwise prohibited in the Business Arrangements or by applicable law, use, creation and disclosure of de-identified health information, as that term is defined in 45 CFR § 164.514, by Business Associate is permitted.

IV. Disclosure of Protected Health Information

Subject to any limitations in this Agreement, Business Associate may disclose PHI to any third party persons or entities as necessary to perform its obligations under the Business Arrangement and as permitted or required by applicable federal or state law. Business Associate recognizes that under the HIPAA/HITECH Omnibus Final Rule, Business Associates may not disclose PHI in a way that would be prohibited if Covered Entity made such a disclosure. Any disclosures made by Business Associate shall comply with minimum necessary requirements under the Privacy Rule and related regulations.

Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

Business Associate shall ensure applicable training for all members of its workforce. Business Associate shall take, and shall provide that each of its subcontractors and agents take, appropriate disciplinary action against any member of its respective workforce who uses or discloses PHI in contravention of this Agreement.

In addition to Business Associate's obligations under Section IX of this Agreement, Business Associate agrees to mitigate, to the extent commercially practical, harmful effects that are known to Business Associate and result from the use or disclosure of PHI by Business Associate or its subcontractors or agents in violation of this Agreement.

V. Access to and Amendment of Protected Health Information

Business Associate shall (i) provide access to, and permit inspection and copying of, PHI by Covered Entity, and (ii) amend PHI maintained by Business Associate as requested by Covered Entity. Any such amendments shall be made in such a way as to record the time and date of the change, if feasible, and in accordance with any subsequent requirements promulgated by the Texas Medical Board with respect to amendment of electronic medical records. Business Associate shall respond to any request from Covered Entity for access by an individual within fifteen (15) days of such request and shall make any amendment requested by Covered Entity within twenty (20) days of the later of (a) such request by Covered Entity or (b) the date as of which Covered Entity has provided Business Associate with all information necessary to make such amendment. Business Associate may charge a reasonable fee based upon the Business Associate's labor costs in responding to a request for electronic information (or the fee approved by the Texas Medical Board for the production of non-electronic media copies). Business Associate shall fulfill a request for access or amendment by an individual in accordance with HIPAA. Business Associate shall have a process in place for requests for amendments and for appending such requests and statements in response to denials of such requests to the Designated Record Set, as requested by Covered Entity.

VI. Accounting of Disclosures

Business Associate shall make available to Covered Entity in response to a request from an individual, information required for an accounting of disclosures of PHI with respect to the individual in accordance with 45 CFR Section 164.528, as amended by Section 13405(c) of the HITECH Act and any related regulations or guidance issued by HHS in accordance with such provision.

VII. Records and Audits

Business Associate shall make available to HHS or its agents, its internal practices, books, and records relating to the use and disclosure of PHI received from, created, or received by Business Associate on behalf of Covered Entity for the purpose of determining Covered Entity's compliance with the Confidentiality Requirements or the requirements of any other health oversight agency, in a time and manner designated by the Secretary.

VIII. Implementation of Security Standards; Notice of Security Incidents

Business Associate will use appropriate safeguards to prevent the use or disclosure of PHI other than as expressly permitted under this Agreement. Business Associate will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the PHI that it creates, receives, maintains or transmits on behalf of Covered Entity. Business Associate acknowledges that the HITECH Act requires Business Associate to comply with 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316 as if Business Associate were a Covered Entity, and Business Associate agrees to comply with these provisions of the Security Standards and all additional security provisions of the HITECH Act.

Furthermore, to the extent feasible, Business Associate will use commercially reasonable efforts to secure PHI through technology safeguards that render such PHI unusable, unreadable and indecipherable to individuals unauthorized to acquire or otherwise have access to such PHI in accordance with HHS Guidance published at 74 Federal Register 19006 (April 17, 2009), or such later regulations or guidance promulgated by HHS or issued by the National Institute for Standards and Technology ("**NIST**") concerning the protection of identifiable data such as PHI. Lastly, Business Associate will promptly report to Covered Entity any successful Security Incident of which it becomes aware. At the request of Covered Entity, Business Associate shall identify the date of the Security Incident, the scope of the Security Incident, the Business Associate's response to the Security Incident and the identification of the party responsible for causing the Security Incident, if known.

IX. Data Breach Notification and Mitigation

HIPAA Data Breach Notification and Mitigation. Business Associate agrees to implement reasonable systems for the discovery and prompt reporting to Covered Entity of any Breach of "unsecured PHI" (as such term is defined by 45 C.F.R. Section 164.402). A Breach is presumed to have occurred unless there is a low probability that the PHI has been compromised based on a risk assessment of at least the factors listed in 45 C.F.R. Section 164.402(2)(i)-(iv) (hereinafter a "HIPAA Breach"). The parties acknowledge and agree that 45 C.F.R. Section 164.404 governs the determination of the date of discovery of a Breach. In addition to the foregoing and notwithstanding anything to the contrary herein, Business Associate will also comply with applicable state law, including without limitation, Section 521 Texas Business and Commerce Code, as amended by HB 300 (82nd Legislature), or such other laws or regulations as may later be amended or adopted. In the event of any conflict between this section, the Confidentiality Requirements, Section 521 of the Texas Business and Commerce Code, and any other later amended or adopted laws or regulations, the most stringent requirements shall govern.

Discovery of Breach. Business Associate will, following the discovery of a Breach, notify Covered Entity without unreasonable delay and in no event later than the earlier of the maximum of time allowable under applicable law or thirty (30) business days after Business Associate discovers such Breach, unless Business Associate is prevented from doing so by 45 C.F.R. Section 164.412 concerning law enforcement investigations. For purposes of reporting a Breach to Covered Entity, the discovery of a Breach shall occur as of the first day on which such Breach is known to the Business Associate or, by exercising reasonable diligence, would have been known to the Business Associate. Business Associate will be considered to have had knowledge of a Breach if the Breach is known, or by exercising reasonable

diligence would have been known, to any person (other than the person committing the Breach) who is an employee, officer or other agent of the Business Associate.

Reporting a Breach. When notifying Covered Entity of a Breach in accordance with the preceding paragraph, Business Associate shall provide Covered Entity with sufficient information to permit Covered Entity to comply with the HIPAA breach notification requirements set forth at 45 C.F.R. Section 164.400 et seq. Specifically, if the following information is known to (or can be reasonably obtained by) the Business Associate, Business Associate will provide Covered Entity with:

- a.) contact information for individuals who were or who may have been impacted by the Breach (e.g., first and last name, mailing address, street address, phone number, email address);
- b.) a brief description of the circumstances of the Breach, including the date of the Breach and date of discovery;
- c.) a description of the types of unsecured PHI involved in the Breach (e.g., names, social security number, date of birth, addressees, account numbers of any type, disability codes, diagnostic and/or billing codes, and similar information);
- d.) a brief description of what the Business Associate has done or is doing to investigate the Breach, mitigate harm to the individual(s) impacted by the Breach, and protect against future Breaches; and,
- e.) appoint a liaison and provide contact information for same so that Covered Entity may ask questions or learn additional information concerning the Breach.

Following a Breach, Business Associate will have a continuing duty to inform Covered Entity of new information learned by Business Associate regarding the Breach, including but not limited to the information described above.

X. Termination

This Agreement shall commence on the Effective Date.

Upon the termination of the applicable Business Arrangement, either Party may terminate this Agreement by providing written notice to the other Party.

Upon termination of this Agreement for any reason, Business Associate agrees:

- a.) to return to Covered Entity or to destroy all PHI received from Covered Entity or otherwise through the performance of services for Covered Entity, that is in the possession or control of Business Associate or its subcontractors or agents. Business Associate agrees that all paper, film, or other hard copy media shall be shredded or destroyed such that it may not be reconstructed, and EPHI shall be purged or destroyed concurrent with NIST Guidelines for media sanitization at <http://www.csrc.nist.gov/>; or,
- b.) in the case of PHI which is not feasible to “return or destroy,” to extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. Business Associate further agrees to comply with other applicable state or federal law, which may require a specific period of retention, redaction, or other treatment of such PHI.

XI. Miscellaneous

Notice. All notices, requests, demands and other communications required or permitted to be given or made under this Agreement shall be in writing, shall be effective upon receipt or attempted delivery, and shall be sent by (i) personal delivery; (ii) certified or registered United States mail, return receipt requested; (iii) overnight delivery service with proof of delivery; or (iv) facsimile with return facsimile acknowledging receipt. Notices shall be sent to the addresses below. Neither party shall refuse delivery of any notice hereunder.

Covered Entity:

Business Associate:

The Texas A&M University System
Benefits Administration
Attn: Director of Benefits Administration
Moore/Connally Building
301 Tarrow St.
College Station, Texas 77840

Express Scripts, Inc.
Attn: President
One Express Way
St. Louis, Missouri 63121
With copy to Legal Department
Fax No. (800) 417-8163

Waiver. No provision of this Agreement or any breach thereof shall be deemed waived unless such waiver is in writing and signed by the party claimed to have waived such provision or breach. No waiver of a breach shall constitute a waiver of or excuse any different or subsequent breach.

Assignment. Neither party may assign (whether by operation or law or otherwise) any of its rights or delegate or subcontract any of its obligations under this Agreement without the prior written consent of the other party. Notwithstanding the foregoing, Covered Entity shall have the right to assign its rights and obligations hereunder to any entity that is an affiliate or successor of Covered Entity, without the prior approval of Business Associate.

Severability. Any provision of this Agreement that is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity or enforceability of such remaining provisions.

Entire Agreement. This Agreement constitutes the complete agreement between Business Associate and Covered Entity relating to the matters specified in this Agreement, and supersedes all prior representations or agreements, whether oral or written, with respect to such matters. In the event of any conflict between the terms of this Agreement and the terms of the Business Arrangements or any such later agreement(s), the terms of this Agreement shall control unless the parties specifically otherwise agree in writing. No oral modification or waiver of any of the provisions of this Agreement shall be binding on either party; provided, however, that upon the enactment of any law, regulation, court decision or relevant government publication and/or interpretive guidance or policy that the Covered Entity believes in good faith will adversely impact the use or disclosure of PHI under this Agreement, the parties agree to negotiate an amendment in good faith. No obligation on either party to enter into any transaction is to be implied from the execution or delivery of this Agreement. This Agreement is for the benefit of, and shall be binding upon the parties, their affiliates and respective successors and assigns. No third party shall be considered a third-party beneficiary under this Agreement, nor shall any third party have any rights as a result of this Agreement.

Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the state of Texas. Venue for any dispute relating to this Agreement shall be in Brazos County, Texas.

Nature of Agreement; Independent Contractor. Nothing in this Agreement shall be construed to create (i) a partnership, joint venture or other joint business relationship between the parties or any of their affiliates, or (ii) a relationship of employer and employee between the parties. Business Associate is an independent contractor and not an agent of Covered Entity. This Agreement does not express or imply any commitment to purchase or sell goods or services.

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. In making proof of this Agreement, it shall not be necessary to produce or account for more than one such counterpart executed by the party against whom enforcement of this Agreement is sought. Signatures to this Agreement transmitted by facsimile transmission, by electronic mail in portable document format (".pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same force and effect as physical execution and delivery of the paper document bearing the original signature.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

DS


COVERED ENTITY:

THE TEXAS A&M UNIVERSITY SYSTEM

BUSINESS ASSOCIATE:

EXPRESS SCRIPTS, INC.

DocuSigned by:

Name: Billy Hamilton
Title: Deputy Chancellor & CFO

DocuSigned by:

Name: Grace Allen
Title: VP Account Management

EXHIBIT K

HEALTHCONNECT360 THREE PARTY AGREEMENT

Certificate Of Completion

Envelope Id: 51DDB4DE157145489539B090870B7E25	Status: Completed
Subject: Please DocuSign: The Texas AM University System - PBM - 2021-09-01 - 00002789.0 - AGT_ESI_v8_FL...	
Source Envelope:	
Document Pages: 135	Signatures: 3
Certificate Pages: 5	Initials: 3
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Jacqueline Gibson
Time Zone: (UTC-06:00) Central Time (US & Canada)	P.O. Box 1675
	Galveston, TX 77553
	jgibson@tamus.edu
	IP Address: 107.77.221.76

Record Tracking

Status: Original 4/29/2022 04:28 PM	Holder: Jacqueline Gibson jgibson@tamus.edu	Location: DocuSign
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Signer Events

Joseph Duron
Duron@tamus.edu
Executive Director, Budgeting & Accounting
Texas A&M University System
Security Level: Email, Account Authentication (None)

Signature



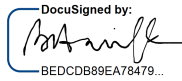
Signature Adoption: Uploaded Signature Image
Signed by link sent to Duron@tamus.edu
Using IP Address: 128.194.24.139

Timestamp

Sent: 4/29/2022 | 04:33 PM
Resent: 5/5/2022 | 04:27 PM
Viewed: 5/5/2022 | 04:29 PM
Signed: 5/5/2022 | 04:29 PM

Electronic Record and Signature Disclosure: Not Offered via DocuSign

Billy Hamilton
BHamilton@tamus.edu
Deputy Chancellor
Security Level: Email, Account Authentication (None)



Signature Adoption: Drawn on Device
Signed by link sent to BHamilton@tamus.edu
Using IP Address: 165.91.13.211
Signed using mobile

Sent: 5/5/2022 | 04:30 PM
Viewed: 5/5/2022 | 04:47 PM
Signed: 5/5/2022 | 04:47 PM

Electronic Record and Signature Disclosure: Accepted: 10/26/2021 | 03:42 PM ID: dcbadc05-3f9f-4b41-8714-411ab46d313c

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Sheri Meyer
S-Meyer@tamus.edu
Security Level: Email, Account Authentication (None)



Sent: 5/5/2022 | 04:47 PM
Viewed: 5/5/2022 | 04:48 PM

Electronic Record and Signature Disclosure: Accepted: 4/5/2022 | 11:17 AM ID: c31a741a-b76b-4fff-b906-f52a7da60823

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	5/5/2022 04:47 PM
Signing Complete	Security Checked	5/5/2022 04:47 PM
Completed	Security Checked	5/5/2022 04:47 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, The Texas A&M University System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact The Texas A&M University System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: identity@tamu.edu

To advise The Texas A&M University System of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at identity@tamu.edu and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from The Texas A&M University System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to identity@tamu.edu and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with The Texas A&M University System

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to identity@tamu.edu and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> •Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify The Texas A&M University System as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by The Texas A&M University System during the course of my relationship with you.