

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Included
Formulary Base	Group Choice Formulary G
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On
Benefit Name	In Network Services Minimum Maximum
Part D Gap Coverage	Full Coverage
Initial Coverage Limit	\$4,130
True Out of Pocket Threshold (TrOOP)	\$6,550
Catastrophic Coverage over TrOOP	CMS Standard
Copay for generics	\$3.70
Copay for all other drugs	\$9.20
OR Coinsurance	5%
Day Supply	
Retail Days Supply	30
Retail Days Supply Specialty Tier Only	30
Mail Order Days Supply	90
Mail Order Days Supply Specialty Tier Only	90
Primary Plan - ICL Phase	
Retail Tier 1: Preferred Generic (Most generic drug)	\$10
Retail Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$25
Retail Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$40
Retail Tier 4: Specialty Tier (Unique and/or very high cost drugs)	\$40
Mail Order Tier 1: Preferred Generic (Most generic drug)	\$20
Mail Order Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	\$50
Mail Order Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	\$80
Mail Order Tier 4: Specialty Tier (Unique and/or very high cost drugs)	\$80

UnitedHealthcare Group Medicare Advantage® plans are offered by United HealthCare Insurance Company and its affiliated companies, Medicare Advantage Organizations with a Medicare contract. Limitations, copayments and coinsurance may apply. Benefits may vary by employer group.

By group's acceptance of this proposal or upon group's first premium payment, whichever occurs first, Group represents to UnitedHealthcare that it offers employment-based

Rate Page Report : RP-01455

Group Name	ARLINGTON CNTY PUB SCHOOLS
Final Rates for	1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	1,125	15
Rate Components	Quoted Year: 2021	
Net Premium	\$222.09	
ACA Insurer Fee	\$0	
Total Premium	\$222.09	

Details	
UAF Type Preliminary	Current Contract S5820
Contract Begin Date 1/1/2021	Quoted PBP 803
Contract End Date 12/31/2021	Current Group Number 23707-001-E
Situs State Virginia	Market National
Full Replace Slice Full Replace	Current Membership 1,125
Emp Contribution 72%	Premium Delay No
Quote Name ARLINGTON CNTY PUB SCHOOLS	Rating Method Full Replace
Product Type PDP	

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is Virginia. While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021. To ensure proper claim adjudication effective 01/01/2021, it is imperative that we have final 01/01/2021 plan design decisions from employers as soon as possible. Final decisions received after 10/1/2020 could be problematic in terms of claim adjudication on 01/01/2021. This quote assumes that the employer pays 72% of the premium. If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote. If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates. Please note the following with regard to the drug coverage on these PDP products: (i) We reserve the right to change our Part D formulary for calendar year 2021. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2021. (ii) There is a specific, Part D drug formulary that applies to all of our PDP plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required. United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract. Quote assumes \$0.00 PMPM commission level. 15 Pre-65 Medicare eligible retirees are included. The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month