

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
Rx Annual Deductible	\$435
Rx Deductible Application	All
Benefit Name	In Network Services Minimum Maximum
Part D Gap Coverage	Min CMS Coverage
Initial Coverage Limit	\$4,130
True Out of Pocket Threshold (TrOOP)	\$6,550
Catastrophic Coverage over TrOOP	Custom
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)	25%
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)	25%
Retail Tier 4: Specialty Tier (Unique and/or very high cost drugs)	25%
Mail Order Tier 1: Preferred Generic (Most generic drug)	25%
Mail Order Tier 2: Preferred Brand (Many common brand name drugs, called preferred brands and some higher-cost generic drugs)	25%
Mail Order Tier 3: Non-Preferred Brand (Non-preferred generic and non-preferred brand name drugs)	25%
Mail Order Tier 4: Specialty Tier (Unique and/or very high cost drugs)	25%

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-01346

Group Name	OKLAHOMA EDUCATION INS GRP
Final Rates for	1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	245	1
Rate Components	Quoted Year: 2021	
Net Premium	\$80.59	
ACA Insurer Fee	\$0	
Total Premium	\$80.59	

Details	
UAF Type	Preliminary
Contract Begin Date	1/1/2021
Contract End Date	12/31/2021
Situs State	Oklahoma
Full Replace Slice	Full Replace
Emp Contribution	100%
Quote Name	OKLAHOMA EDUCATION INS GRP
Product Type	PDP
Current Contract	S5921
Quoted PBP	802
Current Group Number	04026-001-E
Market	National
Current Membership	245
Premium Delay	Yes 75 days
Rating Method	Full Replace

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is Oklahoma. 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 11/1/2020 could be problematic in terms of claim adjudication on 01/01/2021. This quote assumes that the employer pays 100% 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. 1 Pre-65 Medicare eligible retirees are included.

Membership Details

State	Quoted Membership	County Name	Product
KS	1	Wilson	PDP
AZ	4	Maricopa	PDP
AR	1	Benton	PDP
WV	1	Pocahontas	PDP
TX	1	Johnson	PDP
TX	1	Tarrant	PDP
OK	1	Adair	PDP
TX	1	Galveston	PDP
OK	3	Beckham	PDP
OK	31	Bryan	PDP
TX	1	Williamson	PDP
OK	1	Caddo	PDP
OK	5	Canadian	PDP
OK	1	Carter	PDP
OK	29	Cherokee	PDP
TX	1	Grayson	PDP
OK	14	Cleveland	PDP
OK	1	Comanche	PDP
OK	30	Custer	PDP
OK	3	Delaware	PDP
OK	1	Dewey	PDP
OK	2	Garvin	PDP
OK	1	Grady	PDP
OK	1	Hughes	PDP
OK	4	Jackson	PDP
OK	5	Johnston	PDP
OK	11	Kay	PDP
OK	2	McIntosh	PDP
OK	1	Major	PDP
OK	4	Muskogee	PDP
NJ	1	Cape May	PDP
OK	28	Oklahoma	PDP
OK	4	Payne	PDP
OK	10	Pontotoc	PDP
OK	5	Pottawatomie	PDP
OK	1	Rogers	PDP
OK	3	Seminole	PDP
OK	13	Tulsa	PDP
OK	2	Washita	PDP
OK	3	Woods	PDP
NM	1	Santa Fe	PDP
NE	1	Douglas	PDP
MO	1	Clay	PDP
MO	1	St. Louis	PDP
KS	1	Marion	PDP
AR	1	Sebastian	PDP
IL	1	Sangamon	PDP
CA	1	Riverside	PDP
CO	1	Chaffee	PDP
CO	1	Routt	PDP
IL	1	DuPage	PDP
CO	1	San Juan	PDP