

UNITEDHEALTH GROUP®

Prescription Drug Plan

Group name: OKLAHOMA EDUCATION INS GRP

Final Rates for 1/1/2020 - 12/31/2020

Rates are Per Member Per Month (PMPM)

Option 1

National Service Area for 247 quoted members.	Pharmacy: Custom
Net Premium	\$78.52
Insurer Fee PMPM	\$2.07
Group Retiree Premium	\$80.59

Stipulations Prescription Drug Plan

- This is a final quote effective 1/1/2020 - 12/31/2020. The situs state is Oklahoma.
- 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:
 - ~ We reserve the right to change our Part D formulary for calendar year 2020. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2020.
 - ~ There is a specific, Part D drug formulary that applies to all of our PDP plan offerings.
 - ~ All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required.
- UnitedHealth Group will hold the rate(s) and plan design(s) through 12/31/2020 unless: (i) changes are made to existing regulations or any new legislation, assessments, taxes, etc. that would impact the administration or program costs of the (ii) there is a change in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) there are any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); and (iv) as otherwise permitted in our contract.
- Quote assumes \$0.00 PMPM commission level.
- 2 Pre-65 Medicare eligible retirees are included.