

UNITEDHEALTH GROUP®

Prescription Drug Plan

Group name: OKLAHOMA EDUCATION INS GRP

Preliminary Rates for 1/1/2019 - 12/31/2019

Rates are Per Member Per Month (PMPM)

Option 1

National Service Area for 323 quoted members.	Pharmacy: Custom
Net Premium	\$74.62
Insurer Fee PMPM	\$0.00
Group Retiree Premium	\$74.62

Stipulations Prescription Drug Plan

- This is a preliminary quote effective 1/1/2019 - 12/31/2019. 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 2019
- To ensure proper claim adjudication effective 1/1/2019, it is imperative that we have final 1/1/2019 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2018 could be problematic in terms of claim adjudication on 1/1/2019.
- These rates are quoted on a full replacement basis.
- 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 2019. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2019.
 - ~ 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 12/31/2019 unless (i) there are changes in federal, state or other applicable legislation or regulation; (ii) there is a reduction in CMS reimbursement level or a change in the methodology used to calculate CMS payments; (iii) there are any plan design changes required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iv) as otherwise permitted in our policy.
- Quote assumes \$0.00 PMPM commission level.
- 1 Pre-65 Medicare eligible retirees are included.