

MOTION

NO. M-25-489

CITY HALL: September 25, 2025

BY: COUNCILMEMBERS MORRELL, GIARRUSSO, HARRIS AND GREEN (BY REQUEST)

WHEREAS, Section 70-10 of the Code of the City of New Orleans requires that certain contracts providing for the aggregate expenditure of more than \$1,000,000.00 in city funds during the initial term and all allowable renewal terms or having an initial term of more than one year or providing for legal services must be signed by the President of the City Council; and

WHEREAS, Section 70-10 further provides that the President of the City Council shall not execute any such contract unless authorized to do so by Council motion; and

WHEREAS, The City of New Orleans, and UnitedHealthcare Services, Inc., desire to enter into an Amendment to extend their Professional Services Agreement for the City of New Orleans Group Benefits, for a period of one (1) year, the total compensation being \$80,000,000.00;
NOW THEREFORE

BE IT MOVED BY THE COUNCIL OF THE CITY OF NEW ORLEANS, That the President of the Council shall be added as a signatory to the Amendment No. 6 to the Professional Services Agreement between the City of New Orleans and UnitedHealthcare Services, Inc.

BE IT FURTHER MOVED, That the President of the Council is hereby authorized to sign the Amendment No. 6 to the Professional Services between the City of New Orleans and UnitedHealthcare Services, Inc., as attached hereto as Exhibit A.

BE IT FURTHER MOVED, That the Clerk of Council shall forward copies of this motion, including Exhibit A, to the City Attorney's Office to effectuate this request.

THE FOREGOING MOTION WAS READ IN FULL, THE ROLL WAS CALLED ON THE ADOPTION THEREOF, AND RESULTED AS FOLLOWS:

YEAS:

NAYS:

ABSENT:

AND THE MOTION WAS ADOPTED.

EXHIBIT A

AMENDMENT NO. 6 TO THE PROFESSIONAL SERVICES AGREEMENT

BETWEEN THE CITY OF NEW ORLEANS

AND

UNITED HEALTHCARE SERVICES, INC.

RFP No. 691 | City of New Orleans Group Benefits

AMENDMENT NO. 6 TO THE PROFESSIONAL SERVICES AGREEMENT

BETWEEN

THE CITY OF NEW ORLEANS

AND

UNITEDHEALTHCARE SERVICES, INC.

RFP No. 691 / City of New Orleans Group Benefits

THIS SIXTH AMENDMENT (the “**Amendment**”) is entered into by and between the City of New Orleans, represented by LaToya Cantrell, Mayor (the “**City**”), and UnitedHealthcare Inc. represented by Allison Langston, Regional Contract Manager (the “**Contractor**”). The City and the Contractor are sometimes each referred to as a “**Party**,” and collectively, as the “**Parties**.” The Amendment is effective January 1, 2026 (the “**Effective Date**”).

RECITALS

WHEREAS, on July 15, 2020, the City issued a request for proposals, RFP No. 691, seeking qualified contractors to provide professional services, specifically a Third-Party Administrator (“**TPA**”), or carrier for its self-funded medical, dental, and vision coverage (the “**RFP**”);

WHEREAS, on March 10, 2021, and effective as of January 1, 2021, the City and the Contractor entered into a professional services agreement for self-funded, bundled healthcare plan for active and retired City employees (the “**Agreement**”);

WHEREAS, on June 21, 2022, and effective as of January 1, 2022, the City and the Contractor, each having the authority to do, entered into an amendment to extend the term of the Agreement for 1-year and to reaffirm, modify, and/or add certain terms and provisions. as set forth therein (“**Amendment No. 1**”);

WHEREAS, on February 22, 2023, and effective as of January 1, 2023, the City and the Contractor, each having the authority to do, entered into an amendment to extend the term of the Agreement for 1-year and to reaffirm, modify, and/or add certain terms and provisions, as set forth therein (“**Amendment No. 2**”);

WHEREAS, on February 21, 2024, and effective as of January 1, 2024, the City and the Contractor, each having the authority to do, entered into an amendment to extend the terms of the Agreement for 1 year and to affirm, modify, and/or add certain terms and provisions, as set forth therein (“**Amendment No. 3**”);

WHEREAS, on March 20, 2025, and effective January 1, 2025, the City and the Contractor, each having the authority to do so, entered into an Amendment to extend the term of the Agreement

for an additional 1-year and to reaffirm, modify, and/or add certain provisions (“**Amendment No. 4**”); and

WHEREAS, effective January 1, 2025, the City and the Contractor, entered into an amendment to revise the Shared Savings Plan (“**Amendment No. 5**”);

WHEREAS, the City and the Contractor, each having the authority to do so, desire to enter this Amendment to extend the term of the Agreement, to increase the maximum aggregate amount of compensation payable to the Contractor, and to modify, reaffirm and/or add terms and conditions.

NOW THEREFORE, for good and valuable consideration, the City and the Contractor amend the Agreement as follows:

1. **Extension.** In accordance with Article V of the Agreement, the term of the Agreement is extended for an additional year from January 1, 2026, through December 31, 2026.
2. **Compensation.** The fees and rate of compensation under the agreement are reaffirmed. The maximum amount payable under the term of this Amendment is \$80,000,000.00.
3. **Medical Fees.** Exhibit A to Amendment 5 is deleted in its entirety and replaced with Exhibit “A” – August 25, 2025, Renewal, Exhibit “B” – August 26, 2025, Renewal, and Exhibit “C” – Medical Plan attached herein.
4. **Convicted Felon Statement.** The Contractor swears that it complies with City Code Section 2-8(c). No Contractor principal, member, or officer has, within the preceding five years, been convicted of, or pled guilty to, a felony under state or federal statutes for embezzlement, theft of public funds, bribery, or falsification or destruction of public records.
5. **Non-Solicitation Statement.** The Contractor swears that it has not employed or retained any company or person, other than a bona fide employee working solely for it, to solicit or secure this Amendment. The Contractor has not paid or agreed to pay any person, other than a bona fide employee working for it, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from this Amendment.
6. **Prior Terms Binding.** Except as otherwise provided by this Amendment, the terms and conditions of the Agreement, as amended, remain in full force and effect.
7. **Electronic Signature and Delivery.** The Parties agree that a manually signed copy of this Amendment and any other document(s) attached to this Amendment delivered by facsimile, email, or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Amendment. No legally binding obligation shall be created with respect to a Party until such Party has delivered or caused to be delivered a manually signed copy of this Amendment.
8. **Order of Documents.** In the event of any conflict between the provisions of this Amendment and any incorporated documents, the terms and conditions of the documents will apply in this order: the Agreement; Exhibit “A” to the Agreement –

RFP; Exhibit “B” to the Agreement – Contractor’s Technical Proposal; Exhibit “C” to the Agreement – Contractor’s Price Proposal; Exhibit “A” to Amendment No. 1; and Exhibit “A” – August 25, 2025 Renewal, Exhibit “B” – August 26, 2025 Renewal and Exhibit “C” – Medical Plan to Amendment No. 6.

[SIGNATURES CONTAINED ON NEXT PAGE]

[The remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, the City and the Contractor, through their duly authorized representatives, execute this Amendment.

CITY OF NEW ORLEANS

BY: _____
LATOYA CANTRELL, MAYOR

Executed on this _____ of _____, 2025

FORM AND LEGALITY APPROVED:
Law Department

By: _____

Printed Name: _____

CITY OF NEW ORLEANS, CITY COUNCIL

BY: _____
CITY COUNCIL PRESIDENT

UNITED HEALTHCARE SERVICES, INC.

BY: _____
ALLISON LANGSTON, REGIONAL CONTRACT MANAGER

FEDERAL TAX I.D.

[EXHIBITS A AND B ATTACHED SEPERATELY]

EXHIBIT A



Renewal for CITY OF NEW ORLEANS

Issued on: August 25, 2025



**United
Healthcare**

UnitedHealthcare

Dental Renewal for CITY OF NEW ORLEANS

Effective Date: 01/01/2026 | Policy Number: 00702187

Dental Services	Incentive PPO P5819 CS0		Incentive PPO 07P44 CS0	
	United HealthCare Services, Inc. Primary Plan		United HealthCare Services, Inc. Primary Plan	
	In Network	Out of Network	In Network	Out of Network
Legal Entity				
Diagnostic Service				
Periodic Oral Evaluation	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Lab and Other Diagnostic Tests	100%	100%	100%	100%
Preventive Services				
Dental Prophylaxis (Cleaning)	100%	100%	100%	100%
Fluoride Treatment	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
Basic Services				
Restorations (Amalgams or Composite)*	80%	80%	80%	80%
Emergency Treatment/General Services	80%	80%	80%	80%
Simple Extractions	80%	80%	80%	80%
Oral Surgery (incl. surgical extractions)	80%	80%	80%	80%
Periodontics	80%	80%	80%	80%
Endodontics	80%	80%	80%	80%
Major Services				
Inlays/Onlays/Crowns	50%	50%	50%	50%
Dentures and Removable Prosthetics	50%	50%	50%	50%
Fixed Partial Dentures (Bridges)	50%	50%	50%	50%
Implants	Not Covered	Not Covered	50%	50%
Orthodontic Services				
Orthodontia	Not Covered	Not Covered	50%	50%
Orthodontia Eligibility	Not Covered		Child Only (Up to Age 19)	
Deductible (Individual/Family)				
Deductible applies to Prev. & Diag.	Not Applicable	\$50/\$150	Not Applicable	\$50/\$150
Annual Max	No	No	No	No
Lifetime Ortho Max	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period	Not Covered	Not Covered	\$2,500	\$2,500
Out of Network Basis	None		None	
PPO Network	UCR 85th		UCR 85th	
CMM—Annual Roll-Over	Options PPO 30		Options PPO 30	
	Yes		Yes	
ASO Fees				
		Current	Renewal	Renewal
			1/1/2026-	1/1/2026-
			12/31/2026	12/31/2026
ASO Fee PEPM	4534	\$2.50	\$2.58	1005
Broker Commissions		\$0.00	\$0.00	
Total ASO Fee PEPM		\$2.50	\$2.58	
ASO Annual Premium		\$136,020.00	\$140,372.64	\$30,150.00
Renewal Action (before commissions)		3.20%		3.20%
Renewal Action (after commissions)		3.20%		3.20%
12 month Claims Projection PEPM		\$40.50		\$40.50
Daily Imprest Balance (1 Day)		\$10,768.68		\$10,768.68
Employer Contribution				
Participation Requirements		Contributory		Contributory
Dependent Children Coverage		75% of Eligible Employees		75% of Eligible Employees
Contract Basis		To Age 26		To Age 26
Benefit Period Basis		ASO		ASO
Exclusions and Limitations		Calendar Year		Calendar Year
Broker Commissions		Custom		Custom
Rate Guarantee		\$0.00 PEPM		\$0.00 PEPM
		12 Months		12 Months

UnitedHealthcare

Assumptions for CITY OF NEW ORLEANS

Effective Date: 01/01/2026 | Policy Number: 00702187

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting.
- Assumed contract situs is Louisiana.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 9199.
- Rates may increase on renewal in accordance with the terms of the policy.

Dental Assumptions

Rates listed above assume the plan designs quoted. Rates may change, if plan design changes.

Our contract covers only those procedures performed in the United States.

One or more of these plan design offerings include the MaxMultiplier benefit.

Some of the unused portion of your annual maximum may be available in future periods.

Please contact your sales representative for more details on the network quoted in your proposal.

Run-In Claims are not Paid.

Fees include 12 months of run out claims. Additional months are available at an additional cost.

The In- and Out-of-Network Plan Deductibles, Maximums and Lifetime Ortho Maximums are combined.

* Please contact your sales representative to confirm specific plan Restorations (Amalgams or Composite) coverage.

Quote is based on total group Average Contract Size (ACS) of 1.73

Quote is based on total group of 5539 Employees and 9582 Members.

United Healthcare reserves the right to adjust the above rates should enrollment or ACS fluctuate by +/- 10%.

This quote assumes UnitedHealthcare will retain claim fiduciary responsibility.

Digital ID cards will be available on-line, upon initial enrollment, for employees enrolled in PPO, INO and Indemnity plans. Plastic ID cards will be issued, upon initial enrollment, for employees enrolled in Direct Compensation, Select Managed Care and DHMO plans.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

UnitedHealthcare

Disclaimers for CITY OF NEW ORLEANS

Effective Date: 01/01/2026 | Policy Number: 00702187

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document.

Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.



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EXHIBIT B



Renewal for City of New Orleans

Issued on: August 26, 2025



**United
Healthcare**

UnitedHealthcare

Vision Renewal for City of New Orleans

Effective Date: 01/01/2026 | Policy Number: 00702187

Vision Services		C0625	
Legal Entity		Spectera, Inc.	
		Primary Plan	
		In Network	Out of Network
Plan Options			
Contribution	100% Employer Paid		
Product Type	Exam with Materials		
Network Type	Standard Network		
Exam(s) Co-pay	\$10		Not Applicable
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$0		Not Applicable
Service Frequency			
Exams/ Lenses/ Frames/Contacts	12/12/12/12		
Eye Examination			
Exam(s) (Includes additional eye exam for ages 0-18 and pregnant or breastfeeding women)	100%		Up to \$40
Lenses			
Single Vision	100%		Up to \$40
Lined Bifocal	100%		Up to \$60
Lined Trifocal	100%		Up to \$80
Lenticular	100%		Up to \$80
Frames			
Retail Frame Allowance	Up to \$130		Up to \$45
Discount on Frame Coverage at participating providers	30%		Not Applicable
Elective Contact Lenses			
Covered Formulary Contacts	Up to 4 boxes		Up to \$125
Non-Formulary Contacts	Up to \$125		Up to \$125
Necessary Contact Lenses	100%		Up to \$210
Lens Options			
Covered-in-full Lens Options	Polycarbonate Adults Polycarbonate Lenses for Children up to Age: 19 Standard Scratch Coating		Not Applicable
Other Lens Options	Pricing for lens options may range from 20-60% off retail pricing at participating providers (except where not permitted by state law).		
Value Services			
Laser Vision Discount	UnitedHealthcare is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through QualSight LASIK, the largest LASIK manager in the United States. Member savings represent up to 35% off the national average price of LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. Visit myuhcvision.com for more information.		
Blue Light Protection Discount	UnitedHealthcare Vision has collaborated with industry partners to provide members with discount off the retail price on blue-light screen filters for their devices. Members can learn more and access discount information by visiting their plan website.		
Children's and Maternity Eye Care Replacement Eyeglasses			
Additional eyeglass frame/lenses due to prescription change (ages 0-18 and pregnant or breastfeeding women).	Members ages 0-18 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses. Not applicable for Exam Core or Exam with Discounted Material Plans.		
Assumed Enrollment and Rates			
Monthly Premium	5,520		
Annual Premium			
Renewal Action			
Fee for Service		Current	Renewal
Fee for Service PEPM	5520	\$0.58	\$0.60
Fee for Service Annualized Admin Fee		\$38,419.20	\$39,744.00
Renewal Action			
12 Month Claims Projection PEPM		3.4%	
		\$7.39	
Participation Requirements			
Dependent Children Coverage	75% of eligible ees To Age 26		
Contract Basis	Fee For Service		
Benefit Period Basis	Date of Service		
Exclusions and Limitations	Standard		
Broker Commissions	0%		
Rate Guarantee	12 months		
Fee Schedule			
Vision Services	Current Fee	Renewal Fee	Increase
Exam	\$62.00	\$64.00	3%
Single Vision	\$48.00	\$49.00	2%
Lined Bifocal	\$98.00	\$100.00	2%
Lined Trifocal	\$100.00	\$102.00	2%
Lenticular	\$100.00	\$102.00	2%
Frames	\$96.00	\$98.00	2%
Contact Lenses	\$119.00	\$121.00	2%
Necessary Contact Lenses	\$224.00	\$228.00	2%

UnitedHealthcare

Proposed Vision Rates for City of New Orleans

Effective Date: 01/01/2026 | Policy Number: 00702187

Lens Options

The list below outlines the out of pocket charge a member may pay for particular lens options in-network, which reflect amounts of 20% to 60% of retail charges. In some cases members may pay less! Based on state guidelines, lens materials and options may not be available at these prices at all provider locations.

Type	C0625			
Scratch Warranty	\$10			
Tint	\$14			
UV Coating	\$16			
Photochromic for Adults	\$67			
Photochromic for Children	\$67			
Tier 1 Anti-Reflective	\$30			
Tier 2 Anti-Reflective	\$50			
Tier 3 Anti-Reflective	\$75			
Tier 4 Anti-Reflective	\$95			
Roll and Polish Edges	\$13			
Tier 1 Progressive	\$55			
Tier 2 Progressive	\$100			
Tier 3 Progressive	\$150			
Tier 4 Progressive	\$200			
Tier 5 Progressive	\$250			
High Index < 1.66	\$53			
High Index 1.66 - 1.73	\$63			
Polycarbonate for Adults	\$0			
Polycarbonate for Children	\$0			
Standard Scratch Coating	\$0			

Prices reflected are subject to change.

UnitedHealthcare

Assumptions for City of New Orleans

Effective Date: 01/01/2026 | Policy Number: 00702187

General Assumptions

- We reserve the right to change rates and/or plan provisions if the number of lives or volume of insurance change by more than 10% before, on, or after the effective date listed above or if factors used to generate this quote such as group demographics or effective date are changed, found to be incomplete or incorrect.
- Rates assume no changes in legislation or regulation that affects the benefits payable, eligibility or contract.
- Rates assume standard administrative services including Claims & Data processing, Enrollment & Billing, Customer Service, Case Management, Provider Relations, and Reporting
- Assumed contract situs is Louisiana.
- Employees must be U.S. citizens or residents regularly working and living in the U.S. Coverage for U.S. citizens working outside of the U.S. must be approved in writing by us. Approval depends on locale and length of assignment.
- Employer's assumed primary business is classified as 9199 SIC Code.
- Rates may increase on renewal in accordance with the terms of the policy.

Vision Assumptions

Quote assumes a complete product replacement.

Rates listed above are not included in quoted Medical rates (if applicable).

Rates listed above assume plan designs quoted. Rates may change, if plan design changes.

As our negotiated provider fee schedule for covered services may vary from network provider-to-network provider, we will: (1) absorb any financial loss, without additional charge to you, in the event that the amount that we pay the network provider, or, in the case of materials, our optical laboratory, exceeds the amount that you pay us for arranging for the provision of that covered service; and (2) retain, as part of our compensation, the difference in the event that the amount that you pay us for arranging for the provision of a covered service exceeds the amount that we pay the network provider, or, in the case of materials, our optical laboratory, for providing that covered service

In addition to the Fee Schedule, any applicable co-pays must be paid.

Please note that the summary of benefits in this document provides a brief description of coverage. State mandates may preclude certain benefit plan design features. This is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your sales representative.

UnitedHealthcare

Disclaimers for City of New Orleans

Effective Date: 01/01/2026 | Policy Number: 00702187

This proposal is valid for 90 days from the issued date, unless otherwise noted within this document. Brokers and agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your broker and/or agent if you have questions regarding their compensation relating to products in this proposal.

This proposal is subject to negotiation and execution of a written agreement, which will supersede the proposal contents. This proposal does not constitute an agreement, and is based on assumptions made from the written information in our possession and provided by you. We retain the right to modify our proposal if the information upon which this proposal is based is changed or is supplemented.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this proposal to you on the understanding that you and your representatives will only use it, and any data included in the proposal, for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal.

In addition, by accepting and reviewing the contents of this proposal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this proposal response or associated request for proposal (RFP), is proprietary and/or confidential to UnitedHealthcare and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of UnitedHealthcare, other than is necessary to evaluate this proposal.



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Amendment No. 6 to Professional Services Agreement between
The City of New Orleans and UnitedHealthCare Services, Inc.

Exhibit B

BPASS 2437: K25.007



ASO MEDICAL FEES

Fees assume an Average Contract Size of 1.75

ASO Fees (PEPM)	Current	Year 1 (*)
Plan Year	01/01/2025 through 12/31/2025	1/1/2026 through 12/31/2026
EPO	\$37.59	\$37.59
Non-Directed PPO	\$37.59	\$37.59
Medicare Crossover	\$21.51	\$21.51
Credits		
Wellness Credit	\$20,000	\$20,000

The following services may require an additional cost as noted below:

Additional Disease Management, Specialty and Wellness Programs (Fees are on a PEPM basis unless specifically noted)	Current 1/1/2025 through 12/31/2025	Year 1 1/1/2026 through 12/31/2026
Disease Management Programs:		
Congestive Heart Failure (VOM)	Included in Personal Health Support	
Coronary Artery Disease (VOM)		
Diabetes Program (VOM)		
Asthma Program (VOM)		
Chronic Obstructive Pulmonary Disease - Comprehensive Engagement	Included	Included
Medical Management Programs		
Core Medical Necessity	Included	Included
Consumer Solutions:		
UnitedHealth Personal Rewards - Flex	Included	Included
Physical Health Solutions:		
Chiropractic Network	Included	Included
Physical Therapy/Occupational Therapy/Speech Therapy Network	Included	Included
Complementary Alternative Medicine (CAM) Network Management	Included	Included
Other Programs/Services:		
PHS 3.0 Tier 3	Included	Included
Behavioral Health Solutions	Included	N/A
Behavioral Health Solutions Pkg 1	N/A	Included
Standard Behavioral Care	Included	N/A
Claim Fiduciary	Included	Included
Onsite wellness coordinator	Included	Included
WorkLife	Included	Included
Gym Check-In	Included	Included
20 hours of training	Included	Included
Designated Advocate4Me	Included	Included
EAP Core	Included	Included
Quit4Life- 8 week NRT, Incentive <\$200	Included	Included
KA UHC Rewards-Client Fulfilled	N/A	\$1.66
Other Programs/Services (Fees collected through Bank Account):		
Level2 Assured Value Program Year 1 Members	\$210 PPM	\$210 PPM

The following services are required but not included in the above ASO Fees:

Additional Services (Fees Collected through Bank Account unless otherwise noted)	Fee
Shared Savings Program	\$15.00 PEPM
SSP Enhanced with R&C	\$15.00 PEPM
Transplant Resource Services Transplant Cost Negotiation Program	\$8,333 per negotiation (charged in year end reconciliation)
Payment Integrity:	
Pre-Pay	30% of the gross recovery or prevented amount
Post-Pay	30% of the gross recovery amount
Subrogation Services	33.3% of the gross recovery amount

The following are included in the ASO Fees (applies to Active and Pre-65 Retiree population only):

- UnitedHealthcare Pharmacy. If the pharmacy is carved out to another vendor, the ASO fees and Credits are subject to change.
- eServices Reporting - (interactive fully Web-based reporting)
- Federal External Review Program (third level appeals) - our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
- Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.
- Customer Service, our quoted customer service model offers members a high-touch, personal guide who provides support in navigating benefits, understanding payment options, resolving claim issues and working through the health care system. In addition to acting as a one-stop shop where members can be directed to the most appropriate existing services, representatives can provide additional information relevant to personal needs and take ownership of inquires end-to-end. For those not resolved during the initial call, customer service representatives take ownership until resolution including call back to the member.
- Employer Internet Solution – www.employereservices.com
- Our quote includes the management of over 100 disease states/conditions, as part of our Personal Health Support (PHS) program. We believe this approach will adequately address the clinical conditions present within the population - though we are open to discussing and proposing alternative programs, should clinical prevalence indicate an appropriate ROI.
- Consumer Activation, including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging
- UnitedHealthcare will duplicate requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all Medical plan design specifics. Our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

Pricing Assumptions

- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 5553
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 1.75.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
 - As otherwise permitted in our Administrative Services Agreement
- Our mature quotation includes the processing of runout claims for 6 months following the termination of our contract.
- If pharmacy benefits are carved out the ASO fees quoted above may be revised.
- Customer will only receive Rebates to the extent that Rebates are actually received by United. For example, if a government action or a major change in pharmaceutical industry practices eliminates or materially reduces manufacturer Rebate programs, Customer's payment amount may be reduced or eliminated. In such event, United shall promptly notify Customer and revise or eliminate such payment effective with the date of the reduction or elimination in Rebate payments. In addition, reduction or elimination of Rebates in this event shall constitute a change in the Agreement as described in the Fees Section such that United has the right to increase the fees for the Pharmacy Benefits Management services or increase the percentage of Rebate dollars retained by United.
- We reserve the right to adjust our rebate guarantee if changes made to our prescription drug list (PDL) for the purpose of achieving lower net drug cost for CITY OF NEW ORLEANS and our other ASO customers result in significant reductions to the rebate level.
- CITY OF NEW ORLEANS will receive 80.0% of rebates on prescription drug products dispensed under the medical benefit plan.
- Commissions are excluded.
- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- United will provide a Wellness Credit to help CITY OF NEW ORLEANS mitigate costs associated with additional wellness services from United. These credits are available as follows:
 - The parties must have an executed Agreement.
 - The first month of service fees under the Agreement has been received by United.
 - CITY OF NEW ORLEANS's enrollment with United must always exceed 4998 Employees.
 - Annual credits must be used within the Plan Year specified for that credit. One-time credits must be used between 01/01/2026 and 12/31/2026. Any Credits not used during this time period are forfeit.
 - Upon request from CITY OF NEW ORLEANS, a credit will be issued in United's fee billing system.
 - Upon presentation of receipts for costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, total amount not to exceed the full credit.
 - If CITY OF NEW ORLEANS terminates the Agreement prior to 12/31/2026, CITY OF NEW ORLEANS will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
 - If enrollment with United falls below the enrollment threshold, CITY OF NEW ORLEANS will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
 - The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
 - If during the course of the first year unforeseen or additional expense items arise related to the CITY OF NEW ORLEANS implementation, UHC reserves the right to use a portion of this credit to offset such expenses.



CITY OF NEW ORLEANS | 2026 ASO Expense Summary Exhibit

	Proposed Option	
Subscribers	5553	
Members	9697	
Administration		
Composite Administration Fee - PEPM	\$37.55	
Monthly Fees	\$208,515	
Annual Fees	\$2,502,182	
Credits	(\$20,000)	
Annual Net Administration	\$2,482,182	
Imprest Balance		
	<u>Current Req. Deposit</u>	<u>Required Medical Deposit*</u>
Imprest Balance	\$1,854,000	TBD
Option	Weekly ACH	Weekly ACH
Frequency	6	6

* If additional lines are sold (ancillary, HRA, FSA, etc.), additional imprest amounts could be needed



CITY OF NEW ORLEANS

Performance Guarantees

Effective Date: 01/01/2026

Performance Standards and Credits

Effective for the period: January 01, 2026 through December 31, 2026

Category	Guarantee Description	Measurement Criteria	Credit Amount
Claim Operations			
1. Time to Process: percent of claims paid in 10 business days	94.00% in ten business days Gradients are 94.00% within 11 business days 94.00% within 12 business days 94.00% within 13 business days 94.00% within 14 business days 94.00% within 15 or more business days	Site level, by standard claim operations reports.	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
2. Dollar Accuracy: Percentage of claims dollars processed accurately.	99.00% Gradients are 98.99%-98.50% 98.49%-98.00% 97.99%-97.50% 97.49%-97.00% Below 97.00%	Office level.	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
3. Procedural Accuracy: percent of claims processed without non-financial error.	97.00% Gradients are 96.99%-96.50% 96.49%-96.00% 95.99%-95.50% 95.49%-95.00% Below 95.00%	Office level.	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
Customer Phone Service			
1. Average Speed to Answer.	30 seconds or less Gradients are 32 seconds or less 34 seconds or less 36 seconds or less 38 seconds or less Greater than 38 seconds	Team level	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
2. Abandonment Rate.	1.80% Gradients are 1.81%-2.30% 2.31%-2.80% 2.81%-3.30% 3.31%-3.80% Greater than 3.80%	Team level	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
3. Call Quality Score	93.00% Gradients are 92.99%-91.00% 90.99%-89.00% 88.99%-87.00% 86.99%-85.00% Below 85.00%	Office level	\$14,286 \$28,571 \$42,857 \$57,143 \$71,429
Member Satisfaction			
1. Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied Products are PPO, POS, EPO, Managed Indemnity, HMO	Telephone Survey Based on UNET Service Center performance scores. Key Customer study may be conducted for an additional charge.	\$35,714
Overall UHC Satisfaction			
1. Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	Based on Employer health care decision makers' overall satisfaction with UnitedHealthcare..	\$35,714
Total At Risk			\$500,000

Medicare Supplemental plans are excluded from Performance Guarantees.

Confidential/Proprietary/Competitively Sensitive Information

CITY OF NEW ORLEANS Financial Commentary

Administrative Services Assumptions

UnitedHealthcare® is pleased to provide the following checklist to describe services for CITY OF NEW ORLEANS’s medical, managed pharmacy, mental health and substance abuse employee benefits plans.

Although the final terms of the arrangement will be reflected in the contracts between CITY OF NEW ORLEANS and the applicable UnitedHealth Group® affiliate/contracting entity, this document will provide supplemental information to the financial exhibits.

The quotation presented in the financial exhibits was based on the assumptions outlined in this document. The information contained in this proposal is confidential.

This quotation requires a minimum of 120 days lead-time from notice of sale to the plan effective date for implementation.

Before a final agreement is reached, we will require financial statements providing information satisfactory to UnitedHealthcare indicating CITY OF NEW ORLEANS’s ability to meet financial obligations under the plan.

Financial statements required include a Balance Sheet, Income Statement and Cash Flow Statement. Financial information must be up-to-date to within the most recent quarter available and include at least one year of data. Data must also include supporting documentation and footnotes.

The required minimum balance is based on your financial condition as viewed by us. We will require that you provide certain financial information for evaluation to determine your ability to meet financial obligations under the agreement. The required balance may be revised based on that evaluation.

Standard and Additional Services

The following is a checklist of the standard administrative services offered by UnitedHealthcare. In addition to our standard services, we have indicated those additional services that are offered at an additional fee.

Any service not specifically listed within this document is assumed to be excluded from quoted fees.

A. Account Management Services

Service	Included in Medical Fee	Comments
Implementation and maintenance of account.	Yes	
Enrollment meetings and support with representatives available for enrollment meetings in locations with 100 or more employees on a mandatory attendance basis, or 300 or more employees on a voluntary attendance basis, and for health fairs in locations with 500 or more employees.	Yes	This assumes local business travel and normal hours. Minimum six week notice of meeting.
Standard initial enrollment materials including: <ul style="list-style-type: none"> ■ Benefit plan brochures and promotional materials ■ Pre-member websites ■ Web-based and digital communications ■ Directions for accessing our directory of physicians and other health care professionals via myuhc.com@. 	Yes	
Home mailing of enrollment kits.	No	

Ongoing account management including: <ul style="list-style-type: none"> ■ Designated account resources under the direction of a Strategic Client Executive. ■ Ongoing management and review of benefits and data. 	Yes	
Summary Plan Description (SPD) Assistance. CITY OF NEW ORLEANS will develop the (SPD) describing the plan(s). For purposes of this provision, plan means each individual plan design. When developing the SPD, we will provide CITY OF NEW ORLEANS with one non-customized template SPD per product to assist in development efforts. CITY OF NEW ORLEANS will provide us with a copy of the SPD for review in a timely manner. We will review that draft and a final draft of the SPD that CITY OF NEW ORLEANS provides to us.	Yes	CITY OF NEW ORLEANS is responsible for the legal sufficiency of these booklets.
Summary of Benefits and Coverage Electronic version provided to employer. <ul style="list-style-type: none"> ■ Standard UHC format ■ Includes only benefits administered by UHC ■ Maximum of two requests per year (initial request and up to 1 amendment) 	Yes	Additional charges will apply for printing and/or mailing; inclusions of benefits not provided by UHC, requests in excess of two per year, approved customization.
Plan documents.	No	ERISA places the obligation for the creation of plan documents on the employer (plan sponsor).
Standard accounting structure: <ul style="list-style-type: none"> ■ Suffixes to accommodate separate claims reporting for different benefit plans. ■ Claim accounts to accommodate separate claims data for different locations and groups. 	Yes	Maximum of 25 distinct suffix/account splits.
Maintenance of up to 7 separate benefit plans.	Yes	Maintenance of additional benefit plans may incur additional cost.
Online services accessed through our Employer eServices Web site include (depending on your benefit plan): customer reporting solutions; electronic billing solutions; and online administration options that include online eligibility maintenance, claim status inquiry, request ID card, and secure messaging. Online tutorials and toll-free customer service also are available.	Yes	
In addition to being a resource for your specific plan information and covered employee population, uhceservices.com offers online access to your premium invoices and payments. In the Billing and Payment Center of the website, you can: <ul style="list-style-type: none"> ■ View, download and print invoices ■ Pay your bill ■ View payments, balances, and statements ■ Request a Billed vs. Paid report ■ Manage banking information ■ Establish an agreement to enable automated monthly payments or to simply pay online ■ Request adjustment invoices and view adjustments after eligibility changes 	Yes	

B. Eligibility Management Services

Service	Included in Medical Fee	Comments
Standard ID card production and issuance.	Yes	
UnitedHealthcare-generated alternative member ID numbers (not based on SSN).	Yes	

CITY OF NEW ORLEANS provided alternative member ID numbers (not based on SSN).	No	Standard UHC guidelines required
<p>Electronic Eligibility Processing</p> <p>Electronic enrollment processing:</p> <ul style="list-style-type: none"> ■ Each submission to be a single consolidated file that includes data for all customer locations. Separate eligibility submissions for COBRA (one file that includes data for all customer locations) are acceptable. <p>Submission format:</p> <ul style="list-style-type: none"> ■ UnitedHealth Group® Standard 3005 Format; HIPAA 834 Compliant Format ■ Single data source required. <p>Submission frequency:</p> <ul style="list-style-type: none"> ■ (Preferred) Changes file daily in combination with a full population file on a monthly schedule. Or ■ (Acceptable) Changes file weekly or bi-weekly in combination with a full population file on a monthly or quarterly schedule. Or ■ (Acceptable) Full file weekly or bi-weekly. <p>Transmission method:</p> <ul style="list-style-type: none"> ■ FTP with UHT-approved encryption – (Preferred). ■ Direct connect (Acceptable). 	Yes	If it is determined that eligibility processing will require additional file submissions or the format differs from the standards noted, we will evaluate those deviations – which may incur additional cost.

C. Banking Services

Service	Included in Medical Fee	Comments
Banking		
Central Banking	Yes	All applicable banking letters and other required agreements must be executed a minimum of 15 days prior to the effective date in order to implement the banking arrangements.
One bank account established at Bank of America. CITY OF NEW ORLEANS pre-authorizes daily transfer of funds (UnitedHealthcare initiated) to cover the amount of funds which have been withdrawn from your bank account during the one working day period using Weekly ACH transfer.		
CITY OF NEW ORLEANS provides deposit and maintains a balance in bank account equal to not less than 6 days of expected bank account activity for Weekly ACH transfer.		
This amount will be based on 6 days of mature expected plan benefit payments with appropriate adjustments for anticipated non-daily activity (e.g., prescription drug benefits and other routine administrative fee payments).		
The required minimum balance is based on your financial condition as viewed by us. We will require that you provide certain financial information for evaluation to determine your ability to meet financial obligations under the agreement. The required balance may be revised based on that evaluation.		
Standard online banking reports to include: Detail Daily Statistics, Summary and Net Charge Distribution, Issued-Not-Paid Outstanding Check, and Aged Outstanding reports,.	Yes	

D. Underwriting and Financial Services

Service	Included in Medical Fee	Comments
Overall program accounting (year-end reconciliation).	Yes	
Annual projection of cost impact for benefit design changes.	Yes	
Annual reserve estimates.	Yes	
Annual government filings of 1099 reports to the IRS regarding payments made to physicians and other health care professionals.	Yes	
Provide required data necessary to enable CITY OF NEW ORLEANS to file Form 5500.	Yes	

E. Customer Reporting Services

Service	Included in Medical Fee	Comments
An expanded online customer reporting system , offering online Internet based statistical and financial reports. Up to five customer IDs are included.	Yes	There is an additional annual charge of \$1,000 for each ID in excess of five.
Health Plan Manager Our proprietary tool that enables segmentation of CITY OF NEW ORLEANS's data by dozens of attributes-enabling analysis of financial, clinical and individual decision-making patterns. With this enhanced capability, we can provide CITY OF NEW ORLEANS with a targeted, data-driven strategic roadmap to optimize your overall health plan performance.	Yes	
Non-standard or ad hoc reports, or standard reports at a non-standard frequency.	No	
Monthly Statistical Data Extracts	No	Available for an additional charge.
Interface with third party stop loss vendor.	No	If CITY OF NEW ORLEANS elects a carrier other than UnitedHealthcare Insurance Company for their stop loss coverage, there is an additional fee for UnitedHealthcare to prepare and provide claim statistical reports designed to meet the requirements of most insurers, to support the customer's filing of Individual Stop Loss (ISL) claims. If the customer's third party stop loss insurer requires additional claim detail records beyond the reports, UnitedHealthcare has additional services available for an additional fee.

F. Claims Administration Services

Service	Included in Medical Fee	Comments
Plan implementation of CITY OF NEW ORLEANS's employee benefits plans, set up of benefit design, eligibility data, and a testing of sample claims.	Yes	
Standard claims processing including: <ul style="list-style-type: none"> ■ Re-pricing and payment of claims. ■ Auto and manual adjudication using proprietary software. ■ Claim edit/review and cost containment program including utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests. ■ Subsequent claim review. 	Yes	
Standard claim forms (when applicable).	Yes	
Medical claim review of specific health care claims to promote coding accuracy, benefit interpretation, and apply reimbursement and medical policy including utilization of software to evaluate claims prior to payment to guard against inappropriate unbundling of reimbursement requests.	Yes	
Notification of claims in excess of \$250,000. Notification will exclude Protected Health Information (PHI), but will include date claim processed, claim number, patient relationship, amount paid, product type, plan variation, first and last date of service, primary diagnosis code, and EOC remark codes.	Yes	
Production of monthly electronic Health Statements , which summarizes all claim activity for the previous period, including remaining account balances for deductibles, out-of-pocket expenses, and other pertinent health-related information to help consumers.	Yes	
UnitedHealthcare will retain claim fiduciary responsibility for the UnitedHealthcare-administered medical benefit plan.	Yes	
Federal External Review Program (Voluntary third level appeal).	Yes	Our Medical ASO fee includes a maximum of 5 reviews. Reviews in excess of this limit will be charged at \$500 per review.
Our mature fee quotation includes the processing of run-out claims for 6 months following the termination of our contract.	Yes	
During the term of the Agreement or six months following termination, CITY OF NEW ORLEANS or its representatives may perform an annual audit of UnitedHealthcare services, at its own expense, subject to UnitedHealthcare standard requirements regarding prior notice, confidentiality, scope, length, time and place, and findings.	Yes	CITY OF NEW ORLEANS is obligated to pay incurred audit expenses. Other charges may apply if the audit does not meet UnitedHealthcare standards.

G. Payment Integrity

Service	Included in Medical Fee	Comments
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<p>Pre-Pay: Prospective services to help ensure accurate claim payment.</p> <ul style="list-style-type: none"> •Detection and recovery of wasteful, abusive, and/or fraudulent claims. •Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review or for an adjusting. •Evaluate claims to identify inappropriate levels of care, coding and/or resource utilization. •Review of claims for inappropriate billing of services not documented in clinical notes by Board certified, same-specialty medical directors. •Prospective review of facility claims based on an itemized bill review. Analytics identify claims, record request sent to provider, claim is adjusted/denied based on review of those records •More expansive edits after the internal payment policy edits and are more expansive to identify claims that may need an adjustment. 	No	30% of the gross recovery or prevented amount.
<p>Post-Pay: Retrospective services to help ensure accurate claim payment.</p> <ul style="list-style-type: none"> •Detection and recovery of wasteful, abusive, and/or fraudulent claims. •Search claims for patterns which indicate possible waste or error by identifying specific claims for additional review. •In-depth review of hospital medical records or other related documentation compared to claimed amounts to ensure billing accuracy. •Review, validate, and recover credit balances (dollars) on existing patient accounts through a combination of analysis and technology, on-site at hospitals and facilities. •Large-scale analytics to identify additional recovery opportunities; claims re-examined every month for up to 12 months. 	No	30% of the gross recovery amount.
<p>Subrogation: Services to prevent the payment of Plan benefits, or recover Plan benefits, which should be paid by a third party.</p> <ul style="list-style-type: none"> •Plan benefits, which should be paid by a third party. •Does not include benefits paid in connection with coordination of benefits, Medicare, or other Overpayments. •Customer will not engage any entity except United to provide such services without prior United approval. 	No	33.3% of the gross recovery amount.
<p>Claims Tracking and Validation (CTV) is a pre-pay program that targets and prioritizes potential billing errors for manual review and correction.</p>	No	

H. Member Services

Service	Included in Medical Fee	Comments
Toll-free access to a customer care center, staffed by customer care professionals, during the hours of 7:00 a.m. to 10:00 p.m., in the enrollee's time zone	Yes	

<p>Advocate4Me Customer Service Model that provides participants with access to a one-stop advocacy resource for an unprecedented range of needs, including support and access to services across medical benefits, claims, pharmacy, clinical, incentives, and more.</p>	<p>Yes</p>	
<p>Access for your employees to our myuhc.com member website. Our integrated portal gives members access to tools and information from one starting point so they can:</p> <ul style="list-style-type: none"> ■ Learn more about benefits and coverage ■ Find a provider or facility based on personal preferences and cost and quality evaluation (and send the provider's information directly to a text-enabled cell phone) ■ Estimate treatment costs and evaluate care paths and treatment options based on medical condition or the procedure needed, personal preferences and quality evaluation ■ Check claim status and history and manage claims, including the capability for subscribers to pay out-of-pocket amounts to their providers online ■ Print a temporary ID card or request a new one ■ Manage prescriptions and access pharmacy tools via the Pharmacies & Prescriptions tab ■ Access health care tools and information on the Health & Wellness tab ■ Links to pharmacy, mental health/substance abuse, vision, FSA, HRA, HSA, and/or dental sites, if services provided by UnitedHealth Group. 	<p>Yes</p>	
<p>Online health assessment tool accessed through the myuhc.com member Web site.</p> <ul style="list-style-type: none"> ■ A comprehensive health and lifestyle survey that measuring lifestyle habits and health-related risk areas. ■ Immediate online feedback and results provided to the participant. 	<p>Yes</p>	

I. Medicare Supplement Services

Service	Included in Medical Fee	Comments
<p>Medicare crossover of claims, using a direct electronic transfer to UnitedHealthcare of Medicare Part B and durable medical equipment claims that have been processed by the Medicare carrier as the primary payer (does not include Medicare Part A claims).</p>	<p>Yes</p>	

J. Network Services

Service	Included in Medical Fee	Comments
<p>Network access, management and administrative activities including physician (and other health care professional) relations, clinical profiling, credentialing, and contracting (including value-based payment programs, such as performance based models), and network analysis and system development.</p>	<p>Yes</p>	<p>Standard on all network plans. Clinical incentive and bonus payments are collected through the bank account.</p>
<p>UnitedHealth PremiumSM Designation Program which recognizes physicians and hospitals whose practices are consistent with evidence and consensus-based standards of practice.</p>	<p>Yes</p>	<p>Available in designated markets.</p>
<p>Access to networks of chiropractic and complementary alternative medicine providers through the Optum Physical Health network.</p>	<p>Yes</p>	

<p>Physical Health Chiropractic Clinical Support which promotes evidence-based chiropractic care through sharing evidence-based protocols and guidelines with practitioners. A notification requirement for network chiropractors applies.</p>	<p>No</p>	
<p>Transplant Resource Services , including access to our Transplant Resource Services Centers of Excellence Network and Transplant Access Program, travel and lodging benefit, and Personal Health Support.</p>	<p>Yes</p>	
<p>Transplant Resource Services Transplant Cost Negotiation Program, negotiated discounted reimbursement rate for transplant recipients utilizing non-contracted facilities for transplants.</p>	<p>No</p>	<p>Additional fee per negotiation will apply.</p>
<p>Quarterly reporting for value-based care initiatives</p>	<p>No</p>	<p>Reports include client-specific estimated annualized savings as well as payments funded.</p>
<p>Professional Reasonable and customary charge guidelines for out of network physician, surgical, medical, lab and x-ray claims using the FAIR Health database at 80th percentile.</p>	<p>Yes</p>	
<p>Member Choice for non-emergency non-network claims.</p>	<p>No</p>	<p>No additional charge if adopted.</p>
<p>Shared Savings Program</p> <p>Provides savings on select non-Network facility and physician claims that are not eligible for standard network discounts.</p> <p>Provides access to discounted charges from health care providers who contract or will negotiate with a third party to provide discounted charges.</p>	<p>No</p>	<p>Customer will pay a fee equal to \$15.00 PEPM, to be paid through a withdrawl from the Bank Account.</p>
		<p>Customer will pay a fee equal to</p>
		<p>Customer will pay a fixed fee equal to \$15 PEPM for the Shared Savings Enhanced Program.</p>

		Savings Obtained means the amount billed by a health care provider minus the final amount paid to the health care provider pursuant to the out-of-network program selected by the Plan which includes amounts payable by the Participant.
<p>Facility Reasonable & Customary Charge Determination and Negotiation Reductions Program which provides for reduction of facility billed charges in accordance with appropriate guidelines.</p> <p>This program is separate from the Professional Reasonable and Customary program. This program is focused solely on facility fees and does not address the physician component.</p>	No	United's fee for Facility R&C is subject to the calculation under the Shared Savings Program Enhanced
<p>Passive PPO Network access and discounts available to out of area plan participants.</p>	No	
<p>Access to Extended Networks, which expands network access through the use of leased network relationships.</p>	No	Available at an additional charge.

K. Care Management and Outreach Services

Service	Included in Medical Fee	Comments
<p>Personal Health Support A clinical solution designed to help enhance member engagement, increase medical cost savings, and improve health outcomes, providing the full spectrum of clinical services in a condition-agnostic way. The solution:</p> <ul style="list-style-type: none"> ■ Provides personalized health improvement support across the full spectrum of care including complex and chronic condition case management ■ Intelligently calibrates the level of support provided across condition by assigning estimated monetary savings to members' holistic health improvement needs and prioritizing support based on opportunities with the greatest total savings potential ■ Connects with members on an emotional level to influence desire for behavior change and interaction with resources via inbound / outbound, multi-modal engagement opportunities ■ Calibrated to client specific budget and intervention priorities to maximize the return on investment 	Yes	
<p>Congenital Heart Disease Resource Services offered through United Resource Networks.</p>	No	

COPD - Comprehensive Engagement	Yes	
Complex Medical Condition Programs	No	Additional Fees apply. Please see Fee Exhibit.
Wellness Programs	No	Additional Fees apply. Please see Fee Exhibit.
Real Appeal evidence based weight loss program.	No	Additional charge applies, to be paid through a withdrawal from the Bank Account.
Medical policy functions , as guided by a medical director, including health policy and quality assurance and medical management analysis and structure.	Yes	Standard on all managed plans.
Core Medical Necessity	Yes	Customized list of procedures may require an additional charge.
Medical Necessity Optional Add On programs for:		Additional Fee Applies.
Cancer Guidance Program	Yes	
Predictive modeling , using data from a proprietary system, to identify individuals at risk and offer proactive programs to improve their health status.	Yes	Standard on all managed plans. Additional charges apply for integrating an outside vendor's pharmacy data.
Consumer Activation		
Activation , including basic navigation guide, health statements with individualized messaging, advanced concierge call services, and access to member portal with consumer activation messaging	Yes	
Employee Health Education and Medical Self-Care Program Services		
Virtual Visits which allows members to choose a virtual visit provider group, see and speak to a doctor using their mobile device or computer. During the virtual visit, members can obtain a diagnosis and, if appropriate, a prescription that can be sent to their pharmacy	Yes	Member pay amounts will be based on the benefit plan design. Claims charged to CITY OF NEW ORLEANS will be based on the provider cost
Data Integration		
Integration of ongoing external pharmacy vendor data into predictive model	No	Additional Fee Applies.
Integration of historical external pharmacy vendor data into predictive model	No	Additional charges will apply.
Integration of historical medical data into predictive model	No	Additional charges will apply.

I. OptumHealth Behavioral Solutions — Mental Health and Substance Abuse Services

Service	Included in Medical Fee	Comments
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<p>UnitedHealth Care Behavioral Health Solutions - Package 1 including: <i>Network Access & Benefit Management</i></p> <ul style="list-style-type: none"> ■ Network access (including ABA) and maintenance including physician (and other health care provider) relations, credentialing and contracting, network analysis and system development. ■ Claims processing, adjudication and member services consistent with Advocacy model. ■ Utilization management consistent with benefit plan design requirements and corresponding medical plan designations for Mental Health parity alignment (BH uses a standard set of Inpatient and Non-Routine Outpatient services that require authorization) ■ Standard reporting showcasing trend and utilization data of benefits and services <p><i>Wellbeing Solutions for Members</i></p> <ul style="list-style-type: none"> ■ Self help education and digital support tools ■ Inbound 24/7 telephonic in the moment and crisis support ■ Inbound clinical support for adults and caregivers of youth ■ Case management and ongoing support by case managers for adult and pediatric cases that are: <ul style="list-style-type: none"> -Inpatient Facility discharges to provide discharge and follow-up support -Members projected to be within top percentage of overall Commercial book of business spend -Members identified by other UHC/Optum medical disease and case management programs. 	<p>Yes</p>	
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Non-Standard Services

J. Additional Claim Services

Service	Included in Fee Provided	Comments
Non-standard claim forms.	No	
CITY OF NEW ORLEANS logo on ID card.	No	We have assumed the addition of a black and white or color CITY OF NEW ORLEANS logo, in an acceptable format to the ID card.
Customized text on ID cards.	No	
Annual re-issuance of ID cards to all employees if changes in benefits do not occur.	No	
Non-standard explanation of benefits (EOBs), and/or copies of EOBs sent to the employer.	No	
Disability and Dependent Verification	No	Available at an additional charge.
Claim audits that exceed the UnitedHealthcare standard.	No	

K. Additional Account Management Services

Service	Included in Fee Provided	Comments
Customized communication materials.	No	
Customized physician and provider directories.	No	
Employee satisfaction surveys specific to CITY OF NEW ORLEANS.	No	

Eligibility processing outside the services electronic eligibility model or information received in non-standard format (i.e., other than the UnitedHealth Group Standard 3005 format or 834 HIPAA compliant format), from multiple sources and/or additional submissions more frequently than daily.	No	
Multiple bank accounts and/or multiple class codes for CITY OF NEW ORLEANS.	No	
CITY OF NEW ORLEANS authorization of each individual transfer.	No	
Non-standard contracts that would include customized style sheets, foreign language translations, greater than two document proofs and engagement of UnitedHealthcare attorneys for negotiation of the agreements.	No	

Pricing Assumptions

- The services provided by UnitedHealthcare in this quotation will be effective from January 01, 2026 through December 31, 2026.
- The Plan or its sponsor is responsible for state or federal surcharges, assessments, or similar taxes or fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or us, including but not limited to those imposed pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended from time to time. This includes responsibility for determining the amount due, funding, and remitting the PPACA Transitional Reinsurance fee and the PCORI fee which are remitted to the government (federal and/or state).
- The fees quoted do not include state or federal surcharges, assessments, or similar taxes/fees imposed by governmental entities or agencies on the Plan, Plan Sponsor or UnitedHealthcare. We reserve the right to adjust the rates (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in plan design or procedures required by the applicable regulatory authority or by the sponsor; and (iii) as otherwise permitted in the Administrative Services Agreement.
- The administrative fees set forth herein do not include fees related to the requirements set forth in the Consolidated Appropriations Act, 2021, including the No Surprises Act. Additional fees for these new regulatory requirements will be provided at a future date once regulatory guidance is received and final compliance requirements are determined.
- If awarded this business, UnitedHealthcare, on your behalf and under your employer identification number, will open and maintain a bank account to provide us the means to access your funds for the sole purpose of payment of Plan benefits, expenses, and taxes/fees. You agree to hold UnitedHealthcare harmless for any and all federal, state, local or other governmental demand, charge or tax (by whatever name) assessed against or imposed upon UnitedHealthcare arising out of the administration of the plan.
- UnitedHealthcare will be the exclusive health care administrator.
- UnitedHealthcare reserves the right to revise this quotation under the following circumstances:
 - The total number of enrolled medical employees varies by more than 10 percent from the assumed medical enrollment of 5,553.
 - The average contract size, defined as the total number of enrolled employees plus dependents divided by the total number of enrolled employees, varies by 10 percent or more from the assumed average contract size of 1.75.
 - The benefits or service requirements requested and/or quoted change prior to or after the effective date.
 - An award is not made within 90 days of the issuance of this quotation.
 - In the event of any changes in federal, state or other applicable legislation or regulation that require changes to this quotation.
 - In the event of any changes in plan design or procedures required by the applicable regulatory authority or by the Plan sponsor.
 - In the event that any taxes, surcharges, assessments, or similar charges are imposed by governmental entities or agencies on the Plan or UnitedHealthcare, in its role as administrator or insurer.
 - As otherwise permitted in our Administrative Services Agreement.
- Our quote assumes managed pharmacy is included. Refer to the managed pharmacy exhibit for details. If pharmacy is carved out to another vendor, our ASO fees are subject to change.
- Commissions are excluded.

- Our mature quotation includes the processing of runout claims for 6 months following the termination of our contract.
- CITY OF NEW ORLEANS will receive 80% of rebates on prescription drug products dispensed under the medical benefit plan.

- Our proposal including all aspects of pricing is based on the assumed packaged set of services as outlined in the Financial Commentary. Any deviations to this set of services gives us the right to revise our quote.
- United will provide a Wellness Credit to help CITY OF NEW ORLEANS mitigate costs associated with additional wellness services from United
These credits are available as follows:
 - The parties must have an executed Agreement
 - The first month of service fees under the Agreement has been received by United.
 - CITY OF NEW ORLEANS's enrollment with United must always exceed 4998 Employees.
 - Annual credits must be used within the Plan Year specified for that credit. One-time credits must be used between 01/01/2026 and 12/31/2026. Any Credits not used during this time period are forfeit.
 - Upon presentation of receipts for costs, a credit will be issued in United's fee billing system in the amount of the receipted expenses, total amount not to exceed the full credit.

 - If CITY OF NEW ORLEANS terminates the Agreement prior to 12/31/2026, CITY OF NEW ORLEANS will repay United a prorated portion of the credit paid in the year of termination based on the termination date. Credits in prior years are not subject to repayment. All unpaid credits are forfeit.
 - If the CITY OF NEW ORLEANS's enrollment with United falls below the enrollment threshold, CITY OF NEW ORLEANS will repay United an amount proportional to the enrollment reduction based on the amount of the credit paid at the time enrollment falls below the threshold.
 - The amount of the credit not yet paid is reduced proportional to the enrollment reduction.
 - If during the course of the first year unforeseen or additional expense items arise related to the CITY OF NEW ORLEANS implementation, UHC reserves the right to use a portion of this credit to offset such expenses.

 - Please refer to the Financial Exhibits for details regarding the amounts of credit(s) and when it is available for use. Credits are subject to repayment or forfeiture as noted above.
- This quotation assumes that CITY OF NEW ORLEANS employees and dependents are covered under full-extended benefits from the prior carrier.
- In the unlikely event that the arrangement is terminated by CITY OF NEW ORLEANS during the implementation phase, implementation costs incurred by UnitedHealthcare will be borne by CITY OF NEW ORLEANS.

- This quotation assumes UnitedHealthcare will retain claim fiduciary responsibility
- This quotation assumes a standard UnitedHealthcare accounting structure will be utilized.
 - Suffixes, to accommodate separate claims reporting for different benefit plans.
 - Claim accounts, to accommodate separate claims data for locations/groups and plans (maximum of 25 distinct suffix/account splits).
 - Maintenance of up to 7 separate benefit plans.
- UnitedHealthcare will duplicate the requested plan of benefits in principle and in a manner compatible with our understanding of the basic plan designs. Our quotation may be adjusted contingent upon review of all medical plan design specifics. Based upon this review, our fees may be adjusted, or changes to the plans may be required to enable us to administer claim payments.

- CITY OF NEW ORLEANS is required to sign the Administrative Service Agreement prior to the effective date of our transaction processing services. The effective date will be delayed if the Agreement is not signed.

- Fee payment terms:
 - Fee payment is due on the first of each month and the expected receipt date is the fifteenth of that month. After the fifteenth, we will assess an interest penalty on any unpaid amount.
 - Additional routine fees associated with self-insured groups, including value-based pricing fees and Shared Savings Program fees (including Facility Reasonable & Customary) , will be collected through the bank account on the due date.

 - Additional routine fees associated with self-insured groups, including value-based pricing fees and Shared Savings Program fees, will be collected as follows:
An estimate of the current month's fees will be billed in the current month.
Subsequent months' bills will reflect a true up of the prior month as well as an estimate for the current month.
These fees will be collected through the bank account on the due date.

- Annual reconciliation fees associated with ASO contracts are due upon receipt of notice of the amounts due, with an expected receipt date of 30 days thereafter. After 30 days, we will assess an interest penalty on any unpaid amount.
- The quotation presented is solely for the 7 plan designs referenced herein.
- Please note that the assumptions in this quotation differ from portions of your Request for Proposal. In the event of a conflict, our quotation controls.

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees) and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, (hereinafter referred to as "Fees") payable by Customer under this Agreement will be adjusted through a credit to Customer's Service Fees in accordance with the arrangements set forth below unless otherwise noted.

Unless otherwise specified, these arrangements apply to pharmacy benefits and are effective for the period beginning 01/01/2026 and ending on 12/31/2026 (each twelve month period is a "Guarantee Period"). With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies.

The arrangements will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date the Agreement is signed by both parties. In the event these arrangements become effective later than the effective date of the Guarantee Period the arrangements will commence with the Agreement Period during which the Agreement is signed by both parties.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United's failure is due to Customer's actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, pandemic, act of God, acts of terrorism or United's required compliance with any law, regulation, or governmental agency mandate or anything beyond United's reasonable control.

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new arrangements for the subsequent Guarantee Period. If United specifies new arrangements, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Pharmacy Financials	
Definition	Pharmacy rate guarantees.
Measurement and Criteria	01/01/2026
	Combined Discount Guarantee - Broad Network
	Retail Brand, Average Wholesale Price (AWP) less 19.50%
	Retail Generic, AWP less 85.50%
	Mail Order Brand, AWP less 25.00%
	Mail Order Generic, AWP less 87.50%
	The Guaranteed Discount amount will be determined by multiplying the AWP by the guaranteed discount off AWP by each component and adding the amounts together.
	Dispensing Fees - Broad Network
	Retail Brand \$0.55
	Retail Generic \$0.55
	Dispensing fee totals are calculated by multiplying the actual scripts for each type by the contracted rate for that script type.
	Minimum Rebate Guarantee (Advantage PDL)
	Rebate Sharing Percentage 90.0%
	Basis, per script Brand
	Retail - 30 and 90 Day \$350.00
	Mail Order \$775.00
	Specialty \$3,450.00
	Fees
	Variable Copay program (monthly, per eligible member) \$0.45
Level	Customer Specific
Period	Annually
Payment Period	Annually
Payment Amount Discounts	-- The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.
Payment Amount Dispensing Fees	-- The amount the combined actual dispensing fee exceeds the combined guaranteed dispensing fee.
Payment Amount Rebates	-- The amount the combined actual Rebate amount is less than the combined guaranteed Rebate amount.
Conditions	<p>Discount & Dispense Fee Specific Conditions</p> <ul style="list-style-type: none"> • Discounts are based on actual Network Pharmacy brand and generic usage of retail and mail order drugs. The guaranteed discount amount will be determined by multiplying the AWP by the contracted discount rate off AWP by component. • Does not apply to items covered under the Plan for which no AWP measure exists. • Discounts calculated based on AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for retail and mail order generic prescriptions represent the average AWP based on savings off Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. • The following are excluded from the Discount Guarantee arrangement <ul style="list-style-type: none"> - Compound Drug claims - Retail out-of-network claims

- Mail Order scripts (for dispense fee arrangement)
 - Indian Health Service claims
 - Generic medications launched as an "at-risk" product
 - Generic medications with pending litigation
 - Specialty drugs dispensed outside United's specialty Pharmacy Network are included in the retail discount and dispense fee guarantees. Specialty drugs dispensed through United's specialty Pharmacy Network are excluded from the Retail and Mail guarantees and included in the Specialty discount guarantee.
- The following are included in the Discount Guarantee arrangement
- Claims where the plan is the secondary payer (COB claims)
 - Usual & Customary (U&C) claims
 - Vaccine claims
 - Long Term Care (LTC) facility claims
 - Veterans Affairs (VA) facility claims
 - Over the Counter (OTC) claims
- The Mail Order guarantee includes drugs dispensed for 46 days or greater; claims with less than 46 days supply are reconciled at retail.
 - When a drug is identified as a brand name drug, it will be considered a brand name drug for the calculation of discount guarantees. When a drug is identified as a generic drug, it will be considered a generic drug for the calculation of discount guarantees.

Rebate Specific Conditions

- Assumes implementation of United's Advantage PDL
 - Client directed deviations from the PDL and PDL exclusions or uptiers, or clinical programs may result in changes to pricing and guarantees, which will be factored in at the time of rebate payment and/or reconciliation.
 - Calculation of the guaranteed rebate amount will exclude ineligible claims including:
 - claims where the plan is not the primary payer (e.g., coordination of benefits and subrogation claims)
 - claims approved by formulary exception
 - claims not covered by Customer's benefit design or PDL
 - claims receiving 340B pricing
 - long term care pharmacy claims
 - federal government pharmacy claims
 - claims for non-FDA approved products
 - compound drug claims
 - direct member reimbursement claims
 - Over-the-counter and repackaged drugs are excluded from the claim counts; Insulins are not excluded.
 - Devices are excluded from the claim counts; Test Strips are not excluded.
 - Multisource brand drugs are excluded from the claim counts.
 - Vaccines are excluded from the claim counts.
 - Rebate guarantee payments or reconciliations may be adjusted in the event of a change impacting the level of Rebates due to the utilization of therapeutically equivalent, lower Rebate drugs (e.g. biosimilar, authorized brand alternative, lower cost non-Generic Drug alternative) or the reduction of Wholesale Acquisition Cost on a Brand Drug subject to Rebates. In the event a payment or reconciliation adjustment is required, such adjustment will be based on the difference between a) pharmaceutical manufacturer revenue prior to the introduction of the lower Rebate drugs and b) the actual pharmaceutical manufacturer revenue received after the introduction of the lower Rebate drugs. Such adjustment does not apply to Generic Drugs that launch after the Brand Drug no longer has patent protection.
 - The Rebate guarantees account for projected Rebate reductions in the following classes of Prescription Drugs in connection with the elimination of the Average Manufacturer's Price (AMP) Cap pursuant to the American Rescue Plan Act of 2021: Insulin products and Respiratory Medications. United reserves the right to modify any Rebate guarantees if there are any additional changes Specific to AMP Cap to Rebates received from pharmaceutical manufacturers.
 - The Rebate guarantees assume Stelara is excluded from coverage; Rebate payment or reconciliation adjustments will not apply to utilization of therapeutically equivalent, low WAC Stelara biosimilars.
- United reserves the right to modify or eliminate this arrangement as follows based upon changes in Rebates:
- if changes made to United's PDL, for the purpose of achieving a lower net drug cost for Customer and United's other ASO customers, result in significant reductions to the Rebate level

- in the event that there are material deviations to the anticipated timing of drugs that will come off patent and no longer generate Rebates
- if there is a change impacting the availability or amount of Rebates offered by drug manufacturer(s), including changes related to the elimination or material modification of a drug manufacturer(s) historic models or practices related to the provision of Rebates
- United will pay Rebates consistent with the Agreement. A reconciliation of the Rebate amounts will occur after the end of each annual contract period and when Rebate payments are substantially complete. The reconciliation calculates the minimum rebate amount by multiplying the actual number of scripts filled by the applicable rebate amount for that script type.
- The Parties acknowledge and agree that United has priced the pharmacy benefit services under this Agreement in reliance on Customer's commitment to receive such services from United for the entire Pharmacy Pricing Term. In the event that Customer terminates pharmacy benefit services under this Agreement prior to the end of the Pharmacy Pricing Term, the following will apply:
 - United will retain 100% of all pending and future Rebates payable under the Agreement as of the effective date of the termination of pharmacy benefit services and no reconciliation of minimum rebate guarantees will apply.

General Conditions

- All pricing guarantees shall remain in effect for the entire contract period of 01/01/2026 through 12/31/2026 ("Pharmacy Pricing Term"). Each twelve month period is a Guarantee Period.
- Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees.
- Drugs, products, supplies approved, covered and/or prescribed for the diagnosis, treatment or prevention of COVID-19 are excluded from all guarantees.
- On mail order and specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service.
- Pricing and guarantees assume enrollment of 5,553 Employees and 9,704 Participants; pricing and guarantees may be revised or withdrawn if actual enrollment varies by 10% or more from assumptions.
- The lesser of three logic (non-ZBL) will apply to Participant payments. Participants pay the lesser of the discounted price, the usual and customary charge or the cost share amount.
- All pricing guarantees require the selection of United's PBM as exclusive provider of pharmacy benefit services, including but not limited to retail, mail order, and specialty networks.

United will have no financial guarantee obligation under the Agreement for any partial Guarantee Period if Customer terminates with an effective date prior to the end of the Pharmacy Pricing Term.

- In the event any of the terms herein is inconsistent with the requirements of any federal, state or other applicable law or regulation, then the inconsistent term(s) will be null and void and United will have the right to revise, reprice or revoke this arrangement.
- United reserves the right to revise or revoke this arrangement if: a) changes in federal, state or other applicable law or regulation require modifications; b) there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in these arrangements; c) Customer makes benefit changes that impact the arrangements; d) there is a material industry change in pricing methodologies resulting in a new source or benchmark; e) it is not accepted within ninety (90) days of the issuance of our quote; f) if Customer changes their mail service benefit; g) Customer utilizes a vendor, that facilitates steering members to different drugs or pharmacies to the extent these services impact the financial guarantees under this Agreement.

Brand / Generic Reconciliation Definition

- **Brand Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, which is manufactured and distributed by an innovator drug company, or its licensee, set forth in Medi-Span's National Drug Data File as a brand drug identified by all of the products meeting at least one of the following criteria:
 - Medi-Span Multi-Source Code ("MSC") is equal to M, O, or N.
- **Generic Drug:** An FDA approved drug, or a drug that is designated by FDA a DESI (Drug Efficacy Study Implementation) drug, or product, that is therapeutically equivalent to other pharmaceutically equivalent products, as set forth in Medi-Span's National Drug Data File as a generic drug identified by all products meeting at least one of the following criteria:
 - Medi-Span Multi-Source Code ("MSC") is equal to Y.

PTRX (12/2024)

The Standard Medical Service Fees (excluding Optional and Non-Standard Fees) and that portion of the Standard Medical Service Fees attributable to Commission Funds, if applicable, (hereinafter referred to as "Fees") payable by Customer under this Agreement will be adjusted through a credit to Customer's Service Fees in accordance with the arrangements set forth below unless otherwise noted.

Unless otherwise specified, these arrangements apply to pharmacy benefits and are effective for the period beginning 01/01/2026 and ending on 12/31/2026 (each twelve month period is a "Guarantee Period"). With respect to the aspects of United's performance addressed in this exhibit, these fee adjustments are Customer's exclusive financial remedies.

The arrangements will become effective upon the later of (1) the effective date of the Guarantee Period; or (2) the date the Agreement is signed by both parties. In the event these arrangements become effective later than the effective date of the Guarantee Period the arrangements will commence with the Agreement Period during which the Agreement is signed by both parties.

United shall not be required to meet any of the guarantees provided for in this Agreement or amendments thereto to the extent United's failure is due to Customer's actions or inactions or if United fails to meet these standards due to fire, embargo, strike, war, accident, pandemic, act of God, acts of terrorism or United's required compliance with any law, regulation, or governmental agency mandate or anything beyond United's reasonable control.

Prior to the end of the Guarantee Period, and provided that this Agreement remains in force, United may specify to Customer in writing new arrangements for the subsequent Guarantee Period. If United specifies new arrangements, United will also provide Customer with a new Exhibit that will replace this Exhibit for that subsequent Guarantee Period.

Specialty Pharmacy							
Specialty Pharmacy Discount Guarantee							
Definition	Specialty drug discount level based on actual specialty drug utilization for the specialty drugs dispensed through United's specialty Pharmacy Network. United reserves the right to change the designation of a drug from specialty to non-specialty based on market conditions.						
Measurement	Listed		01/01/2026				
	All Include LDD		21.50%				
	Unlisted		01/01/2026				
Criteria	Actual utilization, using Average Wholesale Price (AWP) in dollars, using our data, of listed specialty drugs through Our specialty Pharmacy Network will be multiplied against the discount target to determine the overall discount target dollars.						
	The overall discount target dollars may be adjusted based on utilization of unlisted drugs to which the separate unlisted discount applies. This total will be compared to actual discounts achieved for these drugs during the Guarantee Period.						
Level	Customer Specific						
Period	Annual						
Payment Period	Annual						
Payment Amount	The amount the actual discounts are less than the combined guaranteed Retail, Mail, and Specialty discount amount.						
Conditions	<ul style="list-style-type: none"> Discounts calculated based on the AWP less the ingredient cost; discount percentages are the discounts divided by the AWP. Discounts for generic prescriptions represent the average savings off AWP based on Maximum Allowable Cost (MAC) pricing for MAC generics and percentage discount savings off AWP for non-MAC generics. All other discounts represent the percentage discount savings off of AWP. Specialty drugs dispensed outside United's specialty Pharmacy Network will be included in the Retail discount and dispense fee guarantees. Specialty drugs for which no AWP measure exists are excluded. Listed drugs which cease to be defined as specialty drugs during the Guarantee Period will be reconciled outside of the Specialty Pharmacy guarantee in the channel in which they are dispensed (retail or mail order). Limited Distribution (LDD) status is subject to change based on manufacturer decision. Specialty drugs typically covered under the medical benefit (administered / handled by a provider, administered in a physician's office, ambulatory or home infusion), and/or transitioned to the pharmacy benefit, are excluded from all guarantees. United reserves the right to revise or revoke this guarantee if: <ol style="list-style-type: none"> material changes in federal, state or other applicable law or regulation require modifications; there are material changes to the AWP as published by the pricing agency that establishes the AWP as used in this guarantee; Customer makes benefit changes that impact the guarantee; there is a material industry change in pricing methodologies resulting in a new source or benchmark; On specialty drugs, United will retain the difference between what United reimburses the Network Pharmacy and Customer's payment for a prescription drug product or service. 						
Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee	Specialty Drug Category	Drug Name	LDD Indicator	Included/Excluded From Guarantee
AMMONIA DETOXICANTS	RAVICTI	Yes	Included	INFLAMMATORY CONDITIONS	NEMLUVIO	Yes	Included
ANEMIA	ARANESP	No	Included	INFLAMMATORY CONDITIONS	OLUMIANT	No	Included
ANEMIA	EPOGEN	No	Included	INFLAMMATORY CONDITIONS	OMVOH	No	Included
ANEMIA	PROCRIT	No	Included	INFLAMMATORY CONDITIONS	OPZELURA	No	Included
ANEMIA	RETACRIT	No	Included	INFLAMMATORY CONDITIONS	ORENCIA	No	Included
ANTIBACTERIALS	ARIKAYCE	Yes	Included	INFLAMMATORY CONDITIONS	OTEZLA	No	Included
ANTICONVULSANTS	DIACOMIT	Yes	Included	INFLAMMATORY CONDITIONS	RIDAURA	No	Included
ANTICONVULSANTS	EPIDIOLEX	Yes	Included	INFLAMMATORY CONDITIONS	RINVQO	No	Included
ANTICONVULSANTS	FINTEPLA	Yes	Included	INFLAMMATORY CONDITIONS	SILIQ	No	Included
ANTICONVULSANTS	ZTALMY	Yes	Included	INFLAMMATORY CONDITIONS	SIMLANDI	No	Included
ANTIHYPERLIPIDEMIC	JUXTAPIID	Yes	Included	INFLAMMATORY CONDITIONS	SIMPONI	No	Included
ANTIHYPERLIPIDEMIC	TRYNGOLZA	Yes	Included	INFLAMMATORY CONDITIONS	SKYRIZI	No	Included
ANTI-INFECTIVE	DARAPRIM	Yes	Included	INFLAMMATORY CONDITIONS	SOTYKTU	No	Included
ANTI-INFECTIVE	LIVTENCITY	Yes	Included	INFLAMMATORY CONDITIONS	SPEVIGO	Yes	Included
ANTI-INFECTIVE	PYRIMETHAMINE	No	Included	INFLAMMATORY CONDITIONS	STELARA	No	Included
ASTHMA	FASENRA	Yes	Included	INFLAMMATORY CONDITIONS	STEQEYMA	No	Included
ASTHMA	NUCALA	Yes	Included	INFLAMMATORY CONDITIONS	TALTZ	No	Included
ASTHMA	TEZSPIRE	Yes	Included	INFLAMMATORY CONDITIONS	TREMFYA	No	Included
ASTHMA	XOLAIR	Yes	Included	INFLAMMATORY CONDITIONS	TYENNE	No	Included
CARDIOVASCULAR	ATTRUBY	Yes	Included	INFLAMMATORY CONDITIONS	VELSIPITY	No	Included
CARDIOVASCULAR	CAMZYOS	Yes	Included	INFLAMMATORY CONDITIONS	WEZLANA	No	Included
CARDIOVASCULAR	DROXIDOPA	No	Included	INFLAMMATORY CONDITIONS	XELJANZ	No	Included
CARDIOVASCULAR	NORTHERA	Yes	Included	INFLAMMATORY CONDITIONS	XELJANZ XR	No	Included
CARDIOVASCULAR	VYNDAMAX	Yes	Included	INFLAMMATORY CONDITIONS	YESINTEK	No	Included
CARDIOVASCULAR	VYNDAQEL	Yes	Included	INFLAMMATORY CONDITIONS	YUFLYMA	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	AUSTEDO	No	Included	INFLAMMATORY CONDITIONS	YUSIMRY	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	ENSPRYNG	Yes	Included	INFLAMMATORY CONDITIONS	ZYMFENTRA	No	Included

CENTRAL NERVOUS SYSTEM AGENTS	FIRDAPSE	Yes	Included	IRON OVERLOAD	DEFERASIROX	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	HETLIOZ	Yes	Included	IRON OVERLOAD	DEFERIPRONE	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	INGREZZA	Yes	Included	IRON OVERLOAD	EXJADE	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	RADICAVA	Yes	Included	IRON OVERLOAD	FERRIPROX	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	RILUZOLE	No	Included	IRON OVERLOAD	JADENU	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	SABRIL	Yes	Included	METABOLIC AGENTS	MIPLYFFA	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	SKYCLARYS	Yes	Included	METABOLIC BONE DISEASE	SOHONOS	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	TASIMELTEON	Yes	Included	MOOD DISORDER DRUGS	SPRAVATO	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	TEGLUTIK	Yes	Included	MOOD DISORDER DRUGS	ZURZUVAE	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	TETRABENAZINE	No	Included	MULTIPLE SCLEROSIS	AMPYRA	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	TIGLUTIK	Yes	Included	MULTIPLE SCLEROSIS	AUBAGIO	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	VIGABATRIN	No	Included	MULTIPLE SCLEROSIS	AVONEX	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	VIGADRONE	Yes	Included	MULTIPLE SCLEROSIS	BAFIERTAM	Yes	Included
CENTRAL NERVOUS SYSTEM AGENTS	VIGPODER	Yes	Included	MULTIPLE SCLEROSIS	BETASERON	No	Included
CENTRAL NERVOUS SYSTEM AGENTS	XENAZINE	Yes	Included	MULTIPLE SCLEROSIS	COPAXONE	No	Included
CNS AGENTS	DAYBUE	Yes	Included	MULTIPLE SCLEROSIS	DALFAMPRIDIN	No	Included
CNS AGENTS	EXSERVAN	Yes	Included	MULTIPLE SCLEROSIS	DIMETHYL FUMARATE	No	Included
CNS AGENTS	RELYVRIO	Yes	Included	MULTIPLE SCLEROSIS	EXTAVIA	No	Included
CNS AGENTS	RILUTEK	No	Included	MULTIPLE SCLEROSIS	FINGOLIMOD	No	Included
CYSTIC FIBROSIS	ALYFTREK	Yes	Included	MULTIPLE SCLEROSIS	GILENYA	No	Included
CYSTIC FIBROSIS	BETHKIS	No	Included	MULTIPLE SCLEROSIS	GLATIRAMER	No	Included
CYSTIC FIBROSIS	BRONCHITOL	Yes	Included	MULTIPLE SCLEROSIS	GLATOPA	No	Included
CYSTIC FIBROSIS	CAYSTON	Yes	Included	MULTIPLE SCLEROSIS	KESIMPTA	No	Included
CYSTIC FIBROSIS	KALYDECO	Yes	Included	MULTIPLE SCLEROSIS	MAVENCLAD	Yes	Included
CYSTIC FIBROSIS	KITABIS PAK	Yes	Included	MULTIPLE SCLEROSIS	MAYZENT	No	Included
CYSTIC FIBROSIS	ORKAMBI	Yes	Included	MULTIPLE SCLEROSIS	PLEGRIDY	Yes	Included
CYSTIC FIBROSIS	PULMOZYME	No	Included	MULTIPLE SCLEROSIS	PONVORY	Yes	Included
CYSTIC FIBROSIS	SYMDEKO	Yes	Included	MULTIPLE SCLEROSIS	REBIF	No	Included
CYSTIC FIBROSIS	TOBI	No	Included	MULTIPLE SCLEROSIS	REBIF REBIDOSE	No	Included
CYSTIC FIBROSIS	TOBI PODHALER	No	Included	MULTIPLE SCLEROSIS	TASCENSO	Yes	Included
CYSTIC FIBROSIS	TOBRAMYCIN	No	Included	MULTIPLE SCLEROSIS	TECFIDERA	Yes	Included
CYSTIC FIBROSIS	TRIKAFTA	Yes	Included	MULTIPLE SCLEROSIS	TERIFLUNOMIDE	No	Included
DERMATOLOGIC	LITFULO	Yes	Included	MULTIPLE SCLEROSIS	VUMERITY	Yes	Included
DUCHENNE MUSCULAR DYSTROPHY	AGAMREE	Yes	Included	MULTIPLE SCLEROSIS	ZEPOSIA	Yes	Included
DUCHENNE MUSCULAR DYSTROPHY	DEFLAZACORT	No	Included	MUSCULOSKELETAL AGENTS	EVRYSDI	Yes	Included
DUCHENNE MUSCULAR DYSTROPHY	DUVYZAT	Yes	Included	MUSCULOSKELETAL AGENTS	VOXZOGO	Yes	Included
DUCHENNE MUSCULAR DYSTROPHY	EMFLAZA	Yes	Included	MUSCULOSKELETAL AGENTS	ZILBRYSQ	Yes	Included
ENDOCRINE	BETAINE	No	Included	MUSCULOSKELETAL DISORDERS	DICHLORPHENAMIDE	No	Included
ENDOCRINE	CHEODAL	Yes	Included	MUSCULOSKELETAL DISORDERS	KEYEYIS	Yes	Included
ENDOCRINE	CRENESSITY	Yes	Included	NARCOLEPSY	LUMRYZ	Yes	Included
ENDOCRINE	CTXELI	Yes	Included	NARCOLEPSY	SODIUM OXYBATE	Yes	Included
ENDOCRINE	CUPRIMINE	No	Included	NARCOLEPSY	WAKIX	Yes	Included
ENDOCRINE	CUVRIOR	Yes	Included	NARCOLEPSY	XYREM	Yes	Included
ENDOCRINE	CYSTADANE	Yes	Included	NARCOLEPSY	XYWAV	Yes	Included
ENDOCRINE	DEPEN TITRATABS	No	Included	NEUTROPENIA	FULPHILA	No	Included
ENDOCRINE	EGRIFTA	Yes	Included	NEUTROPENIA	FYLNETRA	No	Included
ENDOCRINE	FIRMAGON	No	Included	NEUTROPENIA	GRANIX	No	Included
ENDOCRINE	IMCIVREE	Yes	Included	NEUTROPENIA	LEUKINE	No	Included
ENDOCRINE	ISTURISA	Yes	Included	NEUTROPENIA	NEULASTA	No	Included
ENDOCRINE	JAVYGTOR	Yes	Included	NEUTROPENIA	NEUPOGEN	No	Included
ENDOCRINE	JYNARQUE	Yes	Included	NEUTROPENIA	NIVESTYM	No	Included
ENDOCRINE	KORLYM	Yes	Included	NEUTROPENIA	NYVEPRIA	No	Included
ENDOCRINE	KUVAN	Yes	Included	NEUTROPENIA	RELEUKO	No	Included
ENDOCRINE	LANREOTIDE	No	Included	NEUTROPENIA	STIMUFEND	No	Included
ENDOCRINE	MIFEPRISTONE	Yes	Included	NEUTROPENIA	UDENYCA	No	Included
ENDOCRINE	MYALEPT	Yes	Included	NEUTROPENIA	ZARXIO	No	Included
ENDOCRINE	MYCAPSSA	Yes	Included	NEUTROPENIA	ZIEXTENZO	No	Included
ENDOCRINE	NATPARA	Yes	Included	ONCOLOGY - INJECTABLE	BESREMI	Yes	Included
ENDOCRINE	NITYR	Yes	Included	ONCOLOGY - INJECTABLE	ELIGARD	No	Included
ENDOCRINE	OCTREOTIDE ACETATE	No	Included	ONCOLOGY - INJECTABLE	INTRON A	Yes	Included
ENDOCRINE	PENICILLAMINE	No	Included	ONCOLOGY - INJECTABLE	LEUPROLIDE	No	Included
ENDOCRINE	PROCYBSI	Yes	Included	ONCOLOGY - INJECTABLE	SYNRIBO	Yes	Included
ENDOCRINE	RECORLEV	Yes	Included	ONCOLOGY - ORAL	ABIRATERONE	No	Included
ENDOCRINE	SAMSCA	Yes	Included	ONCOLOGY - ORAL	ABIRTEGA	No	Included
ENDOCRINE	SANDOSTATIN	No	Included	ONCOLOGY - ORAL	AFINITOR	No	Included
ENDOCRINE	SAPROPTERIN	Yes	Included	ONCOLOGY - ORAL	AFINITOR DISPERZ	No	Included
ENDOCRINE	SIGNIFOR	Yes	Included	ONCOLOGY - ORAL	AKEEGA	Yes	Included
ENDOCRINE	SOMATULINE DEPOT	No	Included	ONCOLOGY - ORAL	ALECENSA	Yes	Included
ENDOCRINE	SOMAVERT	Yes	Included	ONCOLOGY - ORAL	ALKERAN	No	Included
ENDOCRINE	SYPRINE	No	Included	ONCOLOGY - ORAL	ALUNBRIG	Yes	Included

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ENDOCRINE	THIOLA	Yes	Included	ONCOLOGY - ORAL	AUGTYRO	No	Included
ENDOCRINE	TIOPRONIN	No	Included	ONCOLOGY - ORAL	AYYAKIT	Yes	Included
ENDOCRINE	TOLVAPTAN	No	Included	ONCOLOGY - ORAL	BALVERSA	Yes	Included
ENDOCRINE	TRIENTINE	No	Included	ONCOLOGY - ORAL	BEXAROTENE	No	Included
ENDOCRINE	XURIDEN	Yes	Included	ONCOLOGY - ORAL	BOSULIF	Yes	Included
ENDOCRINE	YORVIPATH	Yes	Included	ONCOLOGY - ORAL	BRAFTOVI	Yes	Included
ENZYMES DEFICIENCY	TEGSEDI	Yes	Included	ONCOLOGY - ORAL	BRUKINSA	Yes	Included
ENZYMES THERAPY	BUPHENYL	No	Included	ONCOLOGY - ORAL	CABOMETYX	Yes	Included
ENZYMES THERAPY	CARBAGLU	Yes	Included	ONCOLOGY - ORAL	CALQUENCE	Yes	Included
ENZYMES THERAPY	CARGLUMIC	Yes	Included	ONCOLOGY - ORAL	CAPECITABINE	No	Included
ENZYMES THERAPY	CERDELGA	Yes	Included	ONCOLOGY - ORAL	CAPRELSA	Yes	Included
ENZYMES THERAPY	CHOLBAM	Yes	Included	ONCOLOGY - ORAL	COMETRIQ	Yes	Included
ENZYMES THERAPY	CYSTAGON	Yes	Included	ONCOLOGY - ORAL	COPIKTRA	Yes	Included
ENZYMES THERAPY	GALAFOLD	Yes	Included	ONCOLOGY - ORAL	COTELLIC	Yes	Included
ENZYMES THERAPY	MIGLUSTAT	No	Included	ONCOLOGY - ORAL	DASATINIB	No	Included
ENZYMES THERAPY	NTITISINONE	No	Included	ONCOLOGY - ORAL	DAURISMO	Yes	Included
ENZYMES THERAPY	OLPRUVA	Yes	Included	ONCOLOGY - ORAL	ERIVEDGE	Yes	Included
ENZYMES THERAPY	OPFOLDA	Yes	Included	ONCOLOGY - ORAL	ERLEADA	No	Included
ENZYMES THERAPY	ORFADIN	Yes	Included	ONCOLOGY - ORAL	ERLOTINIB	Yes	Included
ENZYMES THERAPY	PALYNZIQ	Yes	Included	ONCOLOGY - ORAL	ETOPOSIDE	No	Included
ENZYMES THERAPY	PHEBURANE	Yes	Included	ONCOLOGY - ORAL	EVEROLIMUS	No	Included
ENZYMES THERAPY	SODIUM PHENYLBUTYRATE	No	Included	ONCOLOGY - ORAL	EXKIVITY	Yes	Included
ENZYMES THERAPY	STRENSIQ	Yes	Included	ONCOLOGY - ORAL	FARYDAK	Yes	Included
ENZYMES THERAPY	SUCRAID	Yes	Included	ONCOLOGY - ORAL	FOTIVDA	Yes	Included
ENZYMES THERAPY	WAINUA	Yes	Included	ONCOLOGY - ORAL	FRUZAQLA	Yes	Included
ENZYMES THERAPY	YARGESA	Yes	Included	ONCOLOGY - ORAL	GAVRETO	Yes	Included
ENZYMES THERAPY	ZAVESCA	Yes	Included	ONCOLOGY - ORAL	GEFITINIB	No	Included
GASTROINTESTINAL AGENTS	GATTEX	Yes	Included	ONCOLOGY - ORAL	GILOTRIF	Yes	Included
GASTROINTESTINAL AGENTS	IQIRVO	Yes	Included	ONCOLOGY - ORAL	GLEEVEC	No	Included
GASTROINTESTINAL AGENTS	LIVDELZI	Yes	Included	ONCOLOGY - ORAL	GLEOSTINE	No	Included
GASTROINTESTINAL AGENTS	OCALIVA	Yes	Included	ONCOLOGY - ORAL	HYCAMTIN	No	Included
GASTROINTESTINAL AGENTS	VOWST	Yes	Included	ONCOLOGY - ORAL	IBRANCE	Yes	Included
GASTROINTESTINAL AGENTS	XERMELLO	Yes	Included	ONCOLOGY - ORAL	ICLUSIG	Yes	Included
GENETIC DISORDER	DOJOLVI	Yes	Included	ONCOLOGY - ORAL	IDHIFA	No	Included
GENETIC DISORDER	RIVFLOZA	Yes	Included	ONCOLOGY - ORAL	IMATINIB MESYLATE	No	Included
GENETIC DISORDER	VIOJICE	No	Included	ONCOLOGY - ORAL	IMBRUVICA	Yes	Included
GENETIC DISORDER	ZOKINNY	Yes	Included	ONCOLOGY - ORAL	IMKELDI	No	Included
GROWTH HORMONE DEFICIENCY	GENOTROPIN	No	Included	ONCOLOGY - ORAL	INLYTA	Yes	Included
GROWTH HORMONE DEFICIENCY	HUMATROPE	No	Included	ONCOLOGY - ORAL	INQOVI	Yes	Included
GROWTH HORMONE DEFICIENCY	INCRELEX	Yes	Included	ONCOLOGY - ORAL	INREBIC	Yes	Included
GROWTH HORMONE DEFICIENCY	NGENLA	No	Included	ONCOLOGY - ORAL	IRESSA	Yes	Included
GROWTH HORMONE DEFICIENCY	NORDITROPIN	No	Included	ONCOLOGY - ORAL	ITOVEBI	Yes	Included
GROWTH HORMONE DEFICIENCY	NUTROPIN AQ	No	Included	ONCOLOGY - ORAL	IWILFIN	Yes	Included
GROWTH HORMONE DEFICIENCY	OMNITROPE	No	Included	ONCOLOGY - ORAL	JAKAFI	Yes	Included
GROWTH HORMONE DEFICIENCY	SAIZEN	No	Included	ONCOLOGY - ORAL	JAYPIRCA	Yes	Included
GROWTH HORMONE DEFICIENCY	SEROSTIM	No	Included	ONCOLOGY - ORAL	KISQALI	No	Included
GROWTH HORMONE DEFICIENCY	SKYTROFA	No	Included	ONCOLOGY - ORAL	KISQALI FEMARA	No	Included
GROWTH HORMONE DEFICIENCY	SOGROYA	No	Included	ONCOLOGY - ORAL	KOSELUGO	Yes	Included
GROWTH HORMONE DEFICIENCY	ZOMACTON	No	Included	ONCOLOGY - ORAL	KRAZATI	Yes	Included
GROWTH HORMONE DEFICIENCY	ZORBTIVE	Yes	Included	ONCOLOGY - ORAL	LAPATINIB	No	Included
HEMATOLOGICAL	OXBRYTA	Yes	Included	ONCOLOGY - ORAL	LENALIDOMIDE	Yes	Included
HEMATOLOGICAL AGENTS	ALVAIZ	No	Included	ONCOLOGY - ORAL	LENVIMA	Yes	Included
HEMATOLOGICAL AGENTS	CABLIVI	Yes	Included	ONCOLOGY - ORAL	LONSURF	Yes	Included
HEMATOLOGICAL AGENTS	DOPTLET	Yes	Included	ONCOLOGY - ORAL	LORBRENA	Yes	Included
HEMATOLOGICAL AGENTS	EMPAVELI	Yes	Included	ONCOLOGY - ORAL	LUMAKRAS	Yes	Included
HEMATOLOGICAL AGENTS	FABHALTA	Yes	Included	ONCOLOGY - ORAL	LYNPARZA	Yes	Included
HEMATOLOGICAL AGENTS	MOZOBIL	No	Included	ONCOLOGY - ORAL	LYTGABI	Yes	Included
HEMATOLOGICAL AGENTS	MULPLETA	No	Included	ONCOLOGY - ORAL	MATULANE	Yes	Included
HEMATOLOGICAL AGENTS	PLERIXAFOR	No	Included	ONCOLOGY - ORAL	MEKINIST	No	Included
HEMATOLOGICAL AGENTS	PROMACTA	No	Included	ONCOLOGY - ORAL	MEKTOVI	Yes	Included
HEMATOLOGICAL AGENTS	PYRUKYND	Yes	Included	ONCOLOGY - ORAL	MELPHALAN	No	Included
HEMATOLOGICAL AGENTS	REZUROCK	Yes	Included	ONCOLOGY - ORAL	MERCAPTOPURINE	No	Included
HEMATOLOGICAL AGENTS	TAVALISSE	Yes	Included	ONCOLOGY - ORAL	MESNA	No	Included
HEMOPHILIA - INFUSED	ADVATE	No	Included	ONCOLOGY - ORAL	MESNEX	No	Included
HEMOPHILIA - INFUSED	ADYNOVATE	No	Included	ONCOLOGY - ORAL	NERLYNX	Yes	Included
HEMOPHILIA - INFUSED	AFSTYLA	No	Included	ONCOLOGY - ORAL	NEXAVAR	Yes	Included
HEMOPHILIA - INFUSED	ALPHANATE/VON WILLEBRAND	No	Included	ONCOLOGY - ORAL	NILANDRON	No	Included
HEMOPHILIA - INFUSED	ALPHANINE SD	No	Included	ONCOLOGY - ORAL	NILUTAMIDE	No	Included
HEMOPHILIA - INFUSED	ALPROLIX	No	Included	ONCOLOGY - ORAL	NINLARO	No	Included
HEMOPHILIA - INFUSED	ALTUVIIIO	No	Included	ONCOLOGY - ORAL	NUBEQA	Yes	Included
HEMOPHILIA - INFUSED	BENEFIX	No	Included	ONCOLOGY - ORAL	ODOMZO	No	Included
HEMOPHILIA - INFUSED	COAGADEX	Yes	Included	ONCOLOGY - ORAL	OGSIVEO	Yes	Included
HEMOPHILIA - INFUSED	CORIFACT	No	Included	ONCOLOGY - ORAL	OJEMDA	Yes	Included
HEMOPHILIA - INFUSED	ELOCTATE	No	Included	ONCOLOGY - ORAL	OJJAARA	Yes	Included
HEMOPHILIA - INFUSED	ESPEROCT	No	Included	ONCOLOGY - ORAL	ONUREG	No	Included
HEMOPHILIA - INFUSED	FEIBA	No	Included	ONCOLOGY - ORAL	ORGOVYX	Yes	Included
HEMOPHILIA - INFUSED	HEMOFIL M	No	Included	ONCOLOGY - ORAL	ORSERDU	Yes	Included
HEMOPHILIA - INFUSED	HUMATE-P	No	Included	ONCOLOGY - ORAL	PAZOPANIB	Yes	Included
HEMOPHILIA - INFUSED	IDELVION	No	Included	ONCOLOGY - ORAL	PEMAZYRE	Yes	Included
HEMOPHILIA - INFUSED	IXINITY	No	Included	ONCOLOGY - ORAL	PIQRAY	No	Included
HEMOPHILIA - INFUSED	JIVI	No	Included	ONCOLOGY - ORAL	POMALYST	Yes	Included
HEMOPHILIA - INFUSED	KOATE	No	Included	ONCOLOGY - ORAL	PURIXAN	No	Included
HEMOPHILIA - INFUSED	KOATE-DVI	No	Included	ONCOLOGY - ORAL	QINLOCK	Yes	Included
HEMOPHILIA - INFUSED	KOGENATE FS	No	Included	ONCOLOGY - ORAL	RETEVMO	Yes	Included

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HEMOPHILIA - INFUSED	KOVALTRY	No	Included	ONCOLOGY - ORAL	REVLIMID	Yes	Included
HEMOPHILIA - INFUSED	MONONINE	No	Included	ONCOLOGY - ORAL	REZLIDHIA	Yes	Included
HEMOPHILIA - INFUSED	NOVOEIGHT	No	Included	ONCOLOGY - ORAL	ROZLYTREK	No	Included
HEMOPHILIA - INFUSED	NOVOSEVEN RT	No	Included	ONCOLOGY - ORAL	RUBRACA	Yes	Included
HEMOPHILIA - INFUSED	NUWIQ	No	Included	ONCOLOGY - ORAL	RYDAPT	No	Included
HEMOPHILIA - INFUSED	OBIZUR	No	Included	ONCOLOGY - ORAL	SCSEMBLIX	Yes	Included
HEMOPHILIA - INFUSED	PROFILNINE	No	Included	ONCOLOGY - ORAL	SORAFENIB	No	Included
HEMOPHILIA - INFUSED	REBINYN	No	Included	ONCOLOGY - ORAL	SPRYCEL	No	Included
HEMOPHILIA - INFUSED	RECOMBINATE	No	Included	ONCOLOGY - ORAL	STIVARGA	Yes	Included
HEMOPHILIA - INFUSED	RIXUBIS	No	Included	ONCOLOGY - ORAL	SUNITINIB	Yes	Included
HEMOPHILIA - INFUSED	SEVENFACT	No	Included	ONCOLOGY - ORAL	SUTENT	Yes	Included
HEMOPHILIA - INFUSED	TRETTEN	Yes	Included	ONCOLOGY - ORAL	TABLOID	No	Included
HEMOPHILIA - INFUSED	VONVENDI	Yes	Included	ONCOLOGY - ORAL	TABRECTA	No	Included
HEMOPHILIA - INFUSED	WILATE	No	Included	ONCOLOGY - ORAL	TAFINLAR	No	Included
HEMOPHILIA - INFUSED	XYNTHA	No	Included	ONCOLOGY - ORAL	TAGRISSE	Yes	Included
HEMOPHILIA - INJECTABLE	ALHEMO	No	Included	ONCOLOGY - ORAL	TALZENNA	Yes	Included
HEMOPHILIA - INJECTABLE	HEMLIBRA	Yes	Included	ONCOLOGY - ORAL	TARCEVA	Yes	Included
HEMOPHILIA - INJECTABLE	HYMPAVZI	No	Included	ONCOLOGY - ORAL	TARGRETIN	No	Included
HEPATITIS C	EPCLUSA	No	Included	ONCOLOGY - ORAL	TASIGNA	Yes	Included
HEPATITIS C	HARVONI	No	Included	ONCOLOGY - ORAL	TAZVERIK	Yes	Included
HEPATITIS C	LEDIPASVIR/SOFOSBUVIR	No	Included	ONCOLOGY - ORAL	TEMODAR	No	Included
HEPATITIS C	MAVYRET	No	Included	ONCOLOGY - ORAL	TEMOZOLOMIDE	No	Included
HEPATITIS C	PEGASYS	No	Included	ONCOLOGY - ORAL	TEPMETKO	Yes	Included
HEPATITIS C	SOFOSBUVIR/VELPATASVIR	No	Included	ONCOLOGY - ORAL	THALOMID	Yes	Included
HEPATITIS C	SOVALDI	No	Included	ONCOLOGY - ORAL	TIBSOVO	Yes	Included
HEPATITIS C	VIEKIRA PAK	No	Included	ONCOLOGY - ORAL	TORPENZ	Yes	Included
HEPATITIS C	VOSEVI	No	Included	ONCOLOGY - ORAL	TRETINOIN	No	Included
HEPATITIS C	ZEPATIER	No	Included	ONCOLOGY - ORAL	TRUQAP	Yes	Included
HEPATOLOGY	BYLVAY	Yes	Included	ONCOLOGY - ORAL	TRUSELTIQ	Yes	Included
HEPATOLOGY	LIVMARLI	Yes	Included	ONCOLOGY - ORAL	TUKYSA	Yes	Included
HEREDITARY ANGIOEDEMA	BERINERT	Yes	Included	ONCOLOGY - ORAL	TURALIO	Yes	Included
HEREDITARY ANGIOEDEMA	CINRYZE	Yes	Included	ONCOLOGY - ORAL	TYKERB	No	Included
HEREDITARY ANGIOEDEMA	FIRAZYR	Yes	Included	ONCOLOGY - ORAL	VANFLYTA	Yes	Included
HEREDITARY ANGIOEDEMA	HAEGARDA	Yes	Included	ONCOLOGY - ORAL	VENCLEXTA	Yes	Included
HEREDITARY ANGIOEDEMA	ICATIBANT	No	Included	ONCOLOGY - ORAL	VERZENIO	Yes	Included
HEREDITARY ANGIOEDEMA	ORLADEYO	Yes	Included	ONCOLOGY - ORAL	VITRAKVI	Yes	Included
HEREDITARY ANGIOEDEMA	RUCONEST	Yes	Included	ONCOLOGY - ORAL	VIZIMPRO	Yes	Included
HEREDITARY ANGIOEDEMA	SAJAZIR	Yes	Included	ONCOLOGY - ORAL	VONJO	Yes	Included
HEREDITARY ANGIOEDEMA	TAKHZYRO	Yes	Included	ONCOLOGY - ORAL	VOTRIENT	Yes	Included
IGA NEPHROPATHY	FILSPARI	Yes	Included	ONCOLOGY - ORAL	WELIREG	Yes	Included
IGA NEPHROPATHY	TARPEYO	Yes	Included	ONCOLOGY - ORAL	XALKORI	Yes	Included
IMMUNOLOGICAL AGENTS	ACTIMMUNE	Yes	Included	ONCOLOGY - ORAL	XELODA	No	Included
IMMUNOLOGICAL AGENTS	ARCALYST	Yes	Included	ONCOLOGY - ORAL	XOSPATA	Yes	Included
IMMUNOLOGICAL AGENTS	BENLYSTA	Yes	Included	ONCOLOGY - ORAL	XPOVIO	Yes	Included
IMMUNOLOGICAL AGENTS	JOENJA	Yes	Included	ONCOLOGY - ORAL	XTANDI	Yes	Included
IMMUNOLOGICAL AGENTS	LUPKYNIS	Yes	Included	ONCOLOGY - ORAL	YONSA	No	Included
IMMUNOLOGICAL AGENTS	TAVNEOS	Yes	Included	ONCOLOGY - ORAL	ZEJULA	Yes	Included
IMMUNOLOGICAL AGENTS	XOLREMDI	Yes	Included	ONCOLOGY - ORAL	ZELBORAF	Yes	Included
INFERTILITY	CETRORELIX	No	Included	ONCOLOGY - ORAL	ZOLINZA	No	Included
INFERTILITY	CETROTIDE	No	Included	ONCOLOGY - ORAL	ZYDELIG	Yes	Included
INFERTILITY	CHORIONIC GONADOTROPIN	No	Included	ONCOLOGY - ORAL	ZYKADIA	Yes	Included
INFERTILITY	FOLLISTIM AQ	No	Included	ONCOLOGY - ORAL	ZYTIGA	No	Included
INFERTILITY	FYREMADEL	No	Included	ONCOLOGY - TOPICAL	BEXAROTENE	No	Included
INFERTILITY	GANIRELIX ACETATE	No	Included	ONCOLOGY - TOPICAL	TARGRETIN	No	Included
INFERTILITY	GONAL-F	No	Included	ONCOLOGY - TOPICAL	VALCHLOR	Yes	Included
INFERTILITY	GONAL-F RFF	No	Included	OPHTHALMIC AGENTS	CYSTADROPS	Yes	Included
INFERTILITY	MENOPUR	No	Included	OPHTHALMIC AGENTS	CYSTARAN	Yes	Included
INFERTILITY	NOVAREL	No	Included	OPHTHALMIC AGENTS	OXERVATE	Yes	Included
INFERTILITY	OVIDREL	No	Included	OSTEOPOROSIS	FORTEO	No	Included
INFERTILITY	PREGNLY	No	Included	OSTEOPOROSIS	TERIPARATIDE	No	Included
INFLAMMATORY CONDITIONS	ABRILADA	No	Included	OSTEOPOROSIS	TYMLOS	No	Included
INFLAMMATORY CONDITIONS	ACTEMRA	No	Included	PARKINSONS DISEASE	KYNMOBI	No	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-AACF	No	Included	PARKINSON'S DISEASE	APOKYN	Yes	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-AATY	No	Included	PARKINSON'S DISEASE	APOMORPHINE	Yes	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADAZ	No	Included	PARKINSON'S DISEASE	INBRIJA	Yes	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-ADBIM	No	Included	PULMONARY FIBROSIS	ESBRIET	Yes	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-FKJP	No	Included	PULMONARY FIBROSIS	OFEV	Yes	Included
INFLAMMATORY CONDITIONS	ADALIMUMAB-RYVK	No	Included	PULMONARY FIBROSIS	PIRFENIDONE	No	Included
INFLAMMATORY CONDITIONS	ADBRY	Yes	Included	PULMONARY HYPERTENSION	ADCIRCA	No	Included
INFLAMMATORY CONDITIONS	AMJEVITA	No	Included	PULMONARY HYPERTENSION	ADEMPAS	Yes	Included
INFLAMMATORY CONDITIONS	BIMZELX	No	Included	PULMONARY HYPERTENSION	ALYQ	No	Included
INFLAMMATORY CONDITIONS	CIBINQO	No	Included	PULMONARY HYPERTENSION	AMBRISENTAN	Yes	Included
INFLAMMATORY CONDITIONS	CIMZIA	No	Included	PULMONARY HYPERTENSION	BOSENTAN	Yes	Included
INFLAMMATORY CONDITIONS	CORTROPHIN	Yes	Included	PULMONARY HYPERTENSION	LETAIRIS	Yes	Included
INFLAMMATORY CONDITIONS	COSENTYX	No	Included	PULMONARY HYPERTENSION	LIQREV	Yes	Included
INFLAMMATORY CONDITIONS	CYLTEZO	No	Included	PULMONARY HYPERTENSION	OPSUMIT	Yes	Included
INFLAMMATORY CONDITIONS	DUPIXENT	No	Included	PULMONARY HYPERTENSION	OPSYNVI	Yes	Included
INFLAMMATORY CONDITIONS	EBGLYSS	No	Included	PULMONARY HYPERTENSION	ORENITRAM	Yes	Included
INFLAMMATORY CONDITIONS	ENBREL	No	Included	PULMONARY HYPERTENSION	REVATIO	No	Included
INFLAMMATORY CONDITIONS	ENTYVIO	No	Included	PULMONARY HYPERTENSION	SILDENAFIL	No	Included
INFLAMMATORY CONDITIONS	H.P. ACTHAR	Yes	Included	PULMONARY HYPERTENSION	TADALAFIL	No	Included
INFLAMMATORY CONDITIONS	HADLIMA	No	Included	PULMONARY HYPERTENSION	TADLIQ	Yes	Included
INFLAMMATORY CONDITIONS	HULIO	No	Included	PULMONARY HYPERTENSION	TRACLEER	Yes	Included
INFLAMMATORY CONDITIONS	HUMIRA	No	Included	PULMONARY HYPERTENSION	TYVASO	Yes	Included

INFLAMMATORY CONDITIONS	HYRIMOZ	No	Included	PULMONARY HYPERTENSION	UPTRAVI	Yes	Included
INFLAMMATORY CONDITIONS	IDACIO	No	Included	PULMONARY HYPERTENSION	VENTAVIS*	Yes	Included
INFLAMMATORY CONDITIONS	ILUMYA	No	Included	PULMONARY HYPERTENSION	WINREVAIR	Yes	Included
INFLAMMATORY CONDITIONS	KEVZARA	No	Included	WOUND MANAGEMENT	FILSUVEZ	Yes	Included
INFLAMMATORY CONDITIONS	KINERET	Yes	Included				

*Includes Nebulizer
 2Q 2025

Generic equivalents may be dispensed in lieu of brands.



CITY OF NEW ORLEANS | 2026 Flexible Spending Account (FSA) Services

FSA, Dependent Care Spending Account Fees	1/1/2026 through 12/31/2026
FSA Fee - PEPM	\$4.09
CERA Fee - PEPM	\$4.95

- FSA fees above apply to employees enrolled in the health care spending or dependent care spending accounts, or both.
- A minimum monthly billing of \$100 applies
- CERA Fees above assume UnitedHealthcare is CITY OF NEW ORLEANS's FSA plan administrator.

FSA Nondiscrimination testing (NDT)	\$500
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Nondiscrimination Test Package

- This optional service provides the results of three tests Non-Discrimination Tests (25% Key Concentration Test [overall Section 125 Plan], 55% Average Benefits Test and 25% Owner's Concentration Test) which are a subset of the testing that may be required by the IRS. CITY OF NEW ORLEANS provides the data to us, we perform the mathematical calculations and provide a report that indicates pass/fail by test. We are not providing consulting or legal advice.

Standard FSA services including:

- Initial supply of standard employee brochures.
- Single claim submission with automatic roll-over from established feeds (i.e., Spectera[®] Vision, UnitedHealthcare Dental and OptumRx).
- Check minimum \$25.
- Daily payment cycle.
- Customer care representation during normal business hours.
- Eligibility information processed via electronic file submission (FTP or EDT) or tape cartridge with up to two files or tape cartridges per month.
- Standard FSA banking arrangements using separate bank account for FSA plan.
- Direct deposit of payments to employee bank accounts with online direct deposit administration at myuhc.com[®].
- Account information through myuhc.com for participants enrolled in UnitedHealthcare health plans.
- Assumes CITY OF NEW ORLEANS will retain claim fiduciary responsibility for the UnitedHealthcare administered FSA plan.

Standard CERA services including:

- Brochure for incorporation into employer's enrollment materials.
- Out-of-pocket expenses (if any) reimbursed through a credit to payroll deduction.
- Customer care professional representation during normal business hours; online access through myuhc.com.
- Online ability to change transportation parking elections (myuhc.com).
- Eligibility information transmitted via secured file transfer protocol (FTP) method.
- Standard online employee and employer monthly reports.
- Standard CERA banking arrangements using the existing FSA bank account.
- Monthly deduction file for payroll system processing.
- CERA Offered through UHC/Optum

Standard FSA reports including:

- Member Detail Reports, providing detailed account status for each participant.
- Executive Summary Reports, providing summarized data from the Member Detail Report as well as monthly activity information.
- Utilization Reports, providing general statistical information on the types of expenses being submitted.

Our Flexible Spending Account (FSA) and our Commuter Expense Reimbursement Account (CERA) quotes are subject to the terms and conditions outlined in the Financial Commentary.

UnitedHealthcare Insurance Company (UHC) High Cost Drug Excess Loss Insurance Policy RENEWAL PROPOSAL

Policy Holder: City of New Orleans
Effective Date: 01/01/2026
Producer: Brenda Smith
Administrator: UHC
UHC SAE: Heidi Melerine
Underwriter: Zach Miller
Sales Rep: Jim Batastini
Date: 09/03/2025

Coverage Terms:

Benefit Period	01/01/2026 – 12/31/2026
Specific Deductible Amount	\$50,000
Specific Maximum	Wholesale Acquisition Cost of Therapy
Covered Per Employee	\$5.66 PEPM for 12 Therapies (Option #1) \$6.94 PEPM for 21 Therapies (Option #2)
Total Premium	(Option #1) 5,200 (approx EE count) x \$5.32 x 12 = \$331,968 (Option #2) 5,200 (approx EE count) x \$6.42 x 12 = \$400,608
Benefits Covered	Med/Rx
Specific Contract Basis	12/36

CONDITIONS AND ASSUMPTIONS

- ✓ Plan has been quoted.
- ✓ **Pricing is subject to change based on state approval and FDA actions effecting utilization.**
- ✓ Limited to one (1) course or application per Covered Person
- ✓ Pending state approval of plan sponsor's state of domicile – Louisiana - PENDING APPROVAL
- ✓ A minimum of 50 % of those employees eligible under the terms of the plan document will be covered by the Excess Loss Insurance Policy. If final enrollment changes by more than 10 %, Optum reserves the right to revise this quote.
- ✓ ~~Retirees under 65 are not considered Covered Persons for benefits under the Excess Loss Policy.~~
- ✓ Required: Employer's agent is licensed in the state where the employer is located.
- ✓ We require a signed application by 12/01/2025 in order to hold the terms of this proposal. If the application is not returned by the established deadline, updated underwriting data may be required.
- ✓ This proposal assumes delegation of utilization management and prior authorization determinations of covered expenses by UHC.
- ✓ All previous offers are void.
- ✓ Surest members are not eligible at this time. Pending ongoing integration.
- ✓ UHC administration with 3rd party stop loss is pending ongoing integration for 01/01/2026.
- ✓ Covered therapies are listed below:

Covered Therapies*

OPTION #

#	Name	Condition/Disease	Approval Date (Est.)	1	2
1	Luxturna	Inherited Retinal Disease	12/2017	X	X
2	Zolgensma	Spinal Muscular Atrophy (SMA)	05/2019	X	X
3	Zynteglo	Transfusion-Dependent Beta-Thalassemia (TBT)	08/2022	X	X
4	Skysona	Cerebral Adrenoleukodystrophy (CALD)	09/2022	X	X
5	Hemgenix	Hemophilia B	11/2022	X	X
6	Roctavian	Hemophilia A	06/2023	X	X
7	Elevidys	Duchenne Muscular Dystrophy (DMD)	06/2023	X	X
8	Casgevy	Transfusion Dependent Beta-Thalassemia (TDT)	12/2023	X	X
8A	Casgevy+	Sickle Cell Disease	12/2023	X	X
9	Lyfgenia+	Sickle Cell Disease	12/2023	X	X
10	Lenmeldy	Metachromatic Leukodystrophy (MLD)	03/2024	X	X
11	Kebilidi	Aromatic L-amino Acid Decarboxylase (AADC)	11/2024	X	X
12	Encelto	Macular Telangiectasia Type 2 (MacTel)	03/2025	X	X
13	Kresladi	Leukocyte Adhesion Deficiency-I	Expected H2 2025		X
14	RP-L102	Fanconi Anemia	Expected H1 2026		X
15	UX-111	Sanfilippo Syndrome Type A	Expected 08/2025		X
16	MCO-010	Retinitis Pigmentosa	Expected H1/2026		X
17	SB-525	Hemophilia A	Expected H2/2026		X
18	RGX-121	Mucopolysaccharidosis type II (MPS II)	Expected 02/2026		X
19	DTX-401	Glycogen storage disease type 1a	Expected H2/2026		X
20	SRP-9003	Limb-Girdle Muscular Dystrophy	Expected Q3/2026		X
21	OTL-103	Wiskott-Aldrich Syndrome	Expected 11/2025		X

Name: _____

Title: _____

Signature: _____

Broker/Consultant – if applicable

Name: _____

Firm: _____

Signature: _____

Name Carolyn M. Stringer Ext. 88622
Person responsible for routing

**CHECK SHEET TO BE USED FOR
CLEARING ORDINANCES, MOTIONS, AND RESOLUTIONS
BEFORE SUBMISSION TO COUNCIL CLERK**

The originating agency shall attach a copy of each proposed ordinance, motion, or resolution to the check sheet for processing in the sequence indicated after preparing a synopsis. The detailed memorandum of explanation shall also be attached to this check sheet.

SYNOPSIS OF DOCUMENT: To extend the duration of this contract from January 1, 2026 through December 31, 2026, to

maintain the Third-Party Administrator (TPA) Services until a new contract is signed. This will be the last amendment under

the current contract for United Healthcare Services, Incorporated. In 2027, the City of New Orleans anticipates going out to bid.

- 1. Carolyn M. Stringer
Department Head
- 2. [Signature]
Department of Law
- 3. [Signature]
Chief Administrative Officer
- 4. [Signature]
Director of Council Relations
- 5. _____
Initials of Sponsoring Council Member

COUNCIL ACTION

Council Members Present: _____

Absent: _____

AMENDMENTS:

FINAL ADOPTION:

_____ **MOVED:** _____

_____ **2ND:** _____

_____ **YEAS:** _____

_____ **NAYS:** _____

_____ **ABSENT:** _____

_____ **RECUSED:** _____

7. _____
Reviewed by the Chief Administrative Officer after adoption by the City Council and prior to the Mayor's signature.



**CONTRACT SUMMARY
TO ACCOMPANY REQUESTS FOR CONTRACT APPROVAL
BEFORE SUBMISSION TO CLERK OF COUNCIL**

Requesting Department or Agency: _____

Name of Contact Person: _____

Telephone Number: _____

Email Address: _____

Initials of Sponsoring Councilmember(s): _____

PROVIDE THE FOLLOWING CONTRACT DETAILS

1. **The purpose and need for the contract:** _____

2. **The parties involved:** _____

3. **The obligations, expectations, and deliverables of the parties involved:** _____

4. **The duration of the contract:** _____

5. **The cost and any fiscal implications of the contract for the City:** _____

6. **Describe disadvantaged business enterprise (DBE) participation:** _____
