

JF-1

Elmira Heights CSD
203 College Avenue
Elmira Heights, NY 14903

July 2, 2020

To Whom It May Concern:

Thank you for the opportunity to serve you and your Medicare-eligible retirees. We know you have a choice and we sincerely appreciate your selection of UnitedHealthcare as your retiree coverage partner. UnitedHealthcare remains committed to providing our clients with high-quality, cost-effective health plans and an experience for your retirees that is simple, personal and caring.

Rest assured we are together with you during this pandemic. We have made it our mission to ensure our members continue to receive the support they need during this difficult time. We are encouraging members to take advantage of Sanvello for emotional support, as well as our digital fitness classes. We have deployed Virtual HouseCalls to ensure members can still benefit from the program, even while social distancing, and are deploying in-home kits, allowing members to conduct some tests and screenings safely, from their own homes. We continue to encourage retirees to utilize medical and behavioral health virtual visits, which provide the ability for members to live video chat with medical and behavioral providers using their computer, tablet or smartphone.

We continue to improve existing programs as well. The Renew Rewards program remains a driving incentive in getting retirees to complete their annual checkups and health screenings. Through this program we continue to close thousands of gaps in care as well as educate members on their overall health and wellbeing.

Choosing a retiree coverage partner is an important decision. As you consider the enclosed 2021 renewal information, we hope our commitment to quality, service, affordability, and helping your retirees lead healthier lives will help make your decision easy. Enclosed you will find:

- A renewal checklist
- A summary of plan options for you to consider
- Your 2021 renewal rate sheet

I sincerely thank you for your continued trust in UnitedHealthcare. I look forward to working with you to complete your 2021 renewal. Please let me know if you have questions; I am here to help.

Sincerely,

David Scinto
Strategic Account Executive

2021 Renewal Checklist – Action Required!

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This letter is our plan year 2021 renewal communication with you. Our contract to provide group retiree benefits is considered “evergreen” and will continue into 2021 without needing to be rewritten or amended. =

To help ensure a smooth renewal, we have included a few helpful reminders:

- ☐ **Notify us of your Open Enrollment at least 8 weeks before it starts.** Recognizing the increased risks to our retiree population during COVID-19, and understanding that social distancing measures may still be in place, we are prepared to meet your population virtually. We look forward to discussing our virtual options with you. So that we can meet CMS requirements, we do require a minimum of 8 weeks’ notice so that we can create and deliver your enrollment materials. If you are not able to meet this deadline, please notify me as soon as possible so we can discuss alternative options.
- ☐ **Review the contact information on the renewal document’s Employer Data Summary tab to ensure accuracy.** If there are any changes, please let us know.
- ☐ **Provide confirmation of renewal via email** back to David Scinto by August 30, 2020.

Your 2021 Renewal Rates

Your current premium rate is:

\$277.79

Our 2021 proposed rate, based on the current 2020 plan design, is:

\$261.12

Please see the renewal document’s Benefit Summary tab for plan details. We are happy to discuss other alternative plan designs that may lower your premium rate.

COVID-19 Impact on your renewal:

A message from Greta Redmond, FSA, MAAA, Vice President, Actuarial and Underwriting for UnitedHealthcare Retiree solutions.

Staying home and staying safe is helping to decrease the spread of COVID-19. This is also impacting the healthcare that is being received. Due to members staying home we are seeing some decreases in the Medical costs. In some cases, members may be holding off on much needed treatment and care. There is still a lot of uncertainty what will happen and we are working hard to make sure members have access to the care they need. The treatment cost of COVID-19 is moderately low for members that only need testing and can be treated at home, but Inpatient costs for some members are high due to the severity of the illness and treatment.



We are monitoring the course of the 2020 healthcare changes and working to anticipate what may be the eventual impacts into 2021. With each state making independent decisions, each state experiencing significant variances in prevalence of COVID-19 and CMS making frequent announcements, we are looking to have as much information as possible before we issue renewals. We are awaiting further confirmation from CMS on potential revenue changes into 2021 due to COVID-19. For retirees in Medicare Advantage plans, we are anticipating the ups and downs of the impacts and have included this impact in the renewals.

Health Insurer Fee Permanent Sunset

As we discussed in the last three years' renewals, the Affordable Care Act of 2010 required insurers to pay an insurer fee that applied to all fully insured premiums. The fee was permanently waived starting in 2021 and beyond.

Notices

By Elmira Heights CSD's acceptance of this proposal or upon Elmira Heights CSD's first premium payment, whichever occurs first, Elmira Heights CSD represents to UnitedHealthcare that it offers employment-based retiree coverage as that term is defined in 42 CFR 422.106(d)(5) and that it will only enroll individuals with the status of a retired participant, or spouse or dependent of a retired participant, in the group's employment-based group plan.

Summary of Medicare and Product Changes for 2021

Medical

Medicare Covered Acupuncture for Chronic Lower Back Pain

CMS has required Medicare Advantage plans to cover acupuncture for chronic lower back pain starting January of 2020. This benefit allows up to 12 visits in 90 days, with an additional 8 visits for patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

Group plans that have routine acupuncture coverage will have the same cost share for both routine and the new Medicare covered acupuncture for chronic lower back pain. Plans without routine acupuncture coverage will have the same cost share as Medicare covered chiropractic visits.

Step Therapy

As part of the patient-centered care coordination programs at UnitedHealthcare, we are actively looking for ways to lower medical trend, increase adherence, and enhance member benefits.

UnitedHealthcare will apply Step Therapy to manage the cost effective use of select drugs and devices covered under Medicare Part B. Effective January 1, 2021, the non-preferred products will require step therapy. If a provider administers a non-preferred therapy without obtaining prior authorization, UnitedHealthcare may deny claims for the non-preferred therapy.

Applies to in-network providers only.

Member cost share for most Preferred Products will be \$0.

In order to prevent interruptions of existing therapies, prior authorization requirements will not apply for members who are actively receiving the non-preferred therapy (members with a paid claim within the past 365 days).

Our care of our members goes beyond providing medical and pharmacy benefits. We offer the following benefits and services that can be added to your UnitedHealthcare Group Medicare Advantage plan as a buy-up

Readmission Prevention

Preventing and lowering readmission rates is vital and we continue to offer benefits designed to aid in keeping our most vulnerable members at their healthiest. You may choose to add the following programs to your plan as a buy-up:

Post-Discharge Meal Delivery

Nutrition is clinically proven to prevent malnourishment particularly in the senior population. As part of the Post-Discharge Meal Delivery Program we offer 84 home-delivered meals to members immediately following a hospital or skilled nursing facility discharge through our national vendor Mom's Meals when referred by a UnitedHealthcare clinical advocate. Mom's Meals offers freshly-made, refrigerated meals



with options to improve nutrition and support different health conditions such as diabetes, heart friendly, gluten free and more. Meals will include breakfast, lunch, dinner and snacks. Please consider adding this valuable benefit to your plan. Learn more about Mom's Meals at www.momsmeals.com/.

Post-Discharge Routine Transportation

Transportation barriers are associated with poor health care access, missed or delayed medical appointments, and an increased need for emergency care. In order to help mitigate the risk for readmission we offer our post-discharge routine transportation benefit at no additional cost to members. As part of the Post-Discharge Routine Transportation program members are eligible for transportation to medical appointments, pharmacy visits, and more, up to 30 days immediately following inpatient hospital and skilled nursing facility discharges when referred by a clinical advocate.

Trusted Care at Home When You Need It

Our personal care (in-home, non-medical care) program, offered through CareLinx, has a national network of over 300,000 background-checked professional caregivers designed to support members who need help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). CareLinx caregivers provide a variety of services such as making meals, light housekeeping tasks, medication reminders and even transportation around the community.

This personal care support is focused on providing members with routine, periodic visits to help them with functional limitations and to keep their health on-track. This support is also intended to provide the family caregiver some respite from the support that they provide their loved one. **CareLinx offers this optional benefit exclusively to UHC Group Retiree Medicare Advantage members.**

Additionally, all UnitedHealthcare Group Retiree members are eligible for an exclusive discount on CareLinx services. Members will have access to a one-time offer of 4 hours of free services after the first 10 purchased hours of care, just for being a UnitedHealthcare Group Retiree member.

Expanded Dental Plan Options

We continue to enhance our dental offerings. An expanded portfolio of standard buy up options includes five plans with a wide range of benefits and premiums to meet the needs of your members. Plans include 100% preventative and diagnostic coverage for exams, x-rays, cleanings and periodontal maintenance. The UnitedHealthcare Dental benefit offers our members affordable dental coverage and the resources of UnitedHealthcare. Members receive significant price protection and access with our national network of more than 358,000 contracted providers with the flexibility to see non-network providers if desired.



Don't forget about all of these great things that are already a part of your UnitedHealthcare plan:

Virtual Doctor Visits

Don't forget to remind your retirees that UnitedHealthcare Medicare Virtual Visits are here! If desired, we are able to partner with clients on virtual visit education and registration strategies for retirees.

Plan members have the option of seeing and speaking with physicians via secure connection from their homes or anyplace they take a computer, tablet or smartphone. Plan members may use Virtual Visits to obtain a diagnosis and necessary prescriptions (except controlled substances) for minor medical needs including allergies, sinus and bladder infections, bronchitis and more.

Services include initial evaluation, medication management and ongoing counseling.

A Virtual Visit is not a replacement for an in-person visit with a primary care physician, but another way for plan members to access in-network care. Our in-network virtual medical groups are:

Doctor on Demand: www.doctorondemand.com/

American Well: www.amwell.com

Member Rewards and Incentives

Our Renew Rewards program motivates members to take action by rewarding the achievement of certain milestone activities. Renew Rewards is based on characteristics shown by research to be effective at providing timely "nudges" to improve member engagement and help retirees make healthy lifestyle choices. Members can receive merchant gift cards for completing an annual wellness visit, accepting a HouseCall or completing certain eligible health care screenings.

HouseCalls

Our HouseCalls service gives eligible members a yearly visit with a healthcare practitioner right in the privacy of their own home. It's a great opportunity for members to discuss their health care needs, create a plan for prevention and get the personal attention they deserve. During the visit, the practitioner will confirm medical history, complete a physical exam, review medications and answer any questions that the member may have. Certain health screenings may also be included.

A HouseCalls visit supports and complements the care of a primary care provider and is available to eligible members at no additional cost.

Renew Active

In 2021 we will offer our fitness benefit through Renew Active™. Renew Active is a fitness program for body and mind designed around members and their goals.

Renew Active includes:

- A free gym membership



- Access to an extensive network of gyms and fitness locations near members
- A personalized fitness plan
- Access to a wide variety of fitness classes
- An online brain health program, exclusively from AARP® Staying Sharp
- Connecting with others at local health and wellness events, and through the Fitbit® Community for Renew Active

Fitbit Premium is also now available to take advantage of for all members with Renew Active when they join the Fitbit Community for Renew Active. Fitbit Premium offers premium content and thousands of workout videos for all levels and intensity. The premium content and workout videos include;

- Thousands of workout videos for all levels and intensities
- Guided programs
- Advanced sleep tools
- Personalized insights
- Mindfulness sessions

Please note a Fitbit device is not required to access.

To access the benefit and obtain their confirmation code, members can visit the health & wellness section of their UnitedHealthcare member website or call the Customer Service number on the back of their health plan member ID card.

Additionally, members can request to have a new gym added to our extensive network of partnering Renew Active gyms and fitness locations by nominating facilities on the Renew Active website or by calling the Customer Service number found on the back of their health plan member ID card.

For more information please visit, www.UHCRenewActive.com

UnitedHealthcare Hearing

Untreated hearing loss has been linked to serious conditions like depression, anxiety, dementia, heart disease and diabetes. However, early treatment can help, and over 90 percent of people with hearing loss can be treated with hearing aids. We want our members to maximize their health care coverage, which is why we're happy to offer a full range of hearing health services and custom-programmed hearing aids exclusively from UnitedHealthcare Hearing.

Through UnitedHealthcare Hearing, members have access to premium name brand and private-labeled hearing aids from major manufacturers ranging from \$699- \$2,499 saving them thousands of dollars. With locations nationwide and the option to purchase hearing aids in-person through a hearing provider or have the hearing aids delivered directly to their home, members have more choices than ever before, making it easier to improve their hearing health.

Starting in 2021 the hearing aid benefit will be offered exclusively through UnitedHealthcare Hearing. With the introduction to UnitedHealthcare Hearing, hearing aid benefit amounts will not change; in fact, the member experience may become more simplified with personalized support every step of the way including hearing tests, hearing aid adjustments, extra batteries and follow-up care to address all hearing needs.

Prescription Drug Coverage

Brand over Generic Approaches

To maintain an affordable and sustainable Part D benefit we may from time to time implement “brand over generic” strategies. While new generic products coming to market are often lower in price than their brand-name equivalents, this is not always the case: sometimes they cost more. Depending on market conditions, we may choose not to add certain new generic medications to our plan formulary until the generic drug’s price falls enough to become the lowest-net-cost product. In these instances, the brand-name medication will remain on the plan formulary at the same or better coverage tier for a period of time.

Authorized Generics (aka “Authorized Brand Alternatives”)

Several manufacturers have recently launched authorized generics of brand drugs. Contrary to the name, authorized generics are brand drugs. To manage Part D plan cost, we may prefer the originator brand over the authorized generic by either covering the authorized generic at a higher tier or not adding the authorized generic to the formulary.

Clinical Transformation

We have redesigned and enhanced our support programs. Using advanced data and analytics, our new approach offers retirees highly personalized support and guidance to address their health concerns.

In addition to our traditional nurse-led telephonic programs, our enriched engagement programs include:

- Resources and interventions based on retiree preferences.
- Digital tools—like remote monitoring for heart failure, diabetes or blood pressure— to better support caregivers and retirees at high or emerging risk.
- Advanced approaches to manage chronic conditions, like diabetes and heart failure in a more robust and holistic way.
- Improved methods to identify and engage retirees in their health.

These changes will lead to improved clinical outcomes and reduced care costs and offer retirees an improved quality of care and life.

Digital

UnitedHealthcare continues to invest in our Medicare and Retirement member portals. Group members can access the UHC member portal as soon as they receive their member ID card (prior to plan start date). In an effort to continue to optimize our members’ online digital experience, UHC has significant portal enhancements planned for 2021 and beyond that will help members manage care and utilize their plan. These include:

- New RX marketplace
- Individual Health Record Access
- Claims and EOB Enhancements

- Benefit Page Enhancements
- Cost Transparency Tools
- Integrated Virtual Visits Solution
- Premium Payment enhancement
- Mobile App enhancements

UnitedHealthcare

UnitedHealthcare Group Medicare Advantage (PPO)

Plan: Elmira Heights CSD MAPD Plan

Elmira Heights CSD

1/1/2021 - 12/31/2021

Medicare Covered Services

Benefit Name	In Network Services	Out Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum 1		\$4,000
Is Annual Medical Out-of-Pocket Maximum 1 combined for IN and OUT of network?	Yes	Yes
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$10	\$10
Specialist Office Visit	\$15	\$15
Telemedicine	\$10	\$10
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	100 Days
Skilled Nursing Facility Care	\$0 Per Day	\$0 Per Day
Day Range 1	Days 1 - 100	Days 1 - 100
Inpatient Mental Health in a Psychiatric Hospital - Benefit Period		Unlimited
Inpatient Mental Health Lifetime Maximum		190 Days
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
Outpatient Services		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$15	\$15
Outpatient Mental Health/Substance Abuse - Group Visit	\$15	\$15
Partial Hospitalization (Mental Health Day Treatment) per day	\$15	\$15
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$15	\$15
Occupational Therapy	\$15	\$15
Physical Therapy and Speech/Language Therapy	\$15	\$15
Kidney Dialysis	\$0	\$0
Medicare-covered Specialist Visits		
Chiropractic Visit	\$15	\$15
Podiatry Visit	\$15	\$15
Eye Exam	\$15	\$15
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$15	\$15
Dental Services	\$15	\$15
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$35	\$35
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$65	\$65
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$15	\$15
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	20%	20%
Part B Chemotherapy Drugs	20%	20%
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	20%	20%
Prosthetics	20%	20%
Orthotics	20%	20%
Diabetic Shoes and Inserts	10%	10%
Medical Supplies	20%	20%
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	10%	10%
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$15	\$15
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$15	\$15
Therapeutic Radiology Service	\$0	\$0
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0

Preventive Services (Medicare-Covered)

Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Wellness/Clinical Programs

Fitness Program	Renew Active	Not Included
Case and Disease Management, including:	Included	Not Included
- High Risk Members		
- Heart Failure		
- Respiratory Illness		
- Kidney Disease		
- Diabetes		
- Behavioral Health		
- Nurse Support - 24/7		
Preferred Diabetic Supply Program	Included	Not Included
HouseCalls Program	Included	Not Included

Non-Medicare Covered Services**Routine Podiatry**

Routine Podiatry	\$15	\$15
Routine Podiatry - Number of visits per year	6 Visits	

Routine Vision

Routine Eye Exam Refraction- every 12 months	\$15	\$15
Vision Hardware - Eyeglasses and Contact Lens Allowance Combined	\$100	
Vision Hardware - Benefit Period	24 Months	

Routine Dental

Dental Plan Type	Custom	Custom
Dental Reimbursement Schedule	UCR	UCR
Dental (Preventive) - Custom (Cost Share)	\$0	\$0
Oral Exam Frequency	every 6 months	every 6 months
Cleanings Frequency	every 6 months	every 6 months
Bite-Wing X-Ray Frequency	every 12 months	every 12 months

Routine Acupuncture

Routine Acupuncture	50%	50%
Routine Acupuncture - Number of visits per year	10 Visits	

Routine Hearing

Routine Hearing Exam for Hearing Aids	\$15	\$15
Routine Hearing Exam Number Of Visits	1 Visits	
Routine Hearing Exam Number Of Years	1 Year	
Per Ear or Combined	Combined	
Number of Hearing Aid Devices	Unlimited	
Routine Hearing Aid benefit Period (years)	3 Years	
Routine Hearing Aid Combined Device Allowance	\$600	

Outpatient Prescription Drug Coverage

Prescription Drug Plan	Custom Plan
Pharmacy Network	Standard
Non-OptumRx Mail Order Network	Included
Formulary Base	Group Select Formulary H
Bonus Drug List	List U
Formulary Edits (step therapy, quantity limits, prior authorization)	Standard:Edits On

Benefit Name	In Network Services	Minimum	Maximum
Part D Gap Coverage	Full Coverage		
Initial Coverage Limit	\$4,130		
True Out of Pocket Threshold (TrOOP)	\$6,550		
Catastrophic Coverage over TrOOP	Lesser of ICL		
Copay for generics	\$3.70		
Copay for all other drugs	\$9.20		
OR Coinsurance	5%		
Day Supply			
Retail Days Supply	30		
Retail Days Supply Specialty Tier Only	30		
Mail Order Days Supply	90		
Mail Order Days Supply Specialty Tier Only	30		
Retail Tier 2: Preferred Brand	\$5		
Retail Tier 3: Non-Preferred Brand	\$5		
Retail Tier 4: Specialty Tier	\$5		
Mail Order Tier 2: Preferred Brand	\$10		
Mail Order Tier 3: Non-Preferred Brand	\$10		
Mail Order Tier 4: Specialty Tier	\$5		

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

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

Rate Page Report : RP-02134

Group Name ELMIRA HEIGHTS CSD
Final Rates for 1/1/2021 - 12/31/2021

Quoted Service Area	Quoted Membership	Members Under Age 65
National	143	3

Quoted Year: 2021

Rate Components

Net Premium	\$261.12
ACA Insurer Fee	\$0
Total Premium	\$261.12

Details

UAF Type	Preliminary	Current Contract	H2001
Contract Begin Date	1/1/2021	Quoted PBP	816
Contract End Date	12/31/2021	Current Group Number	16196
Situs State	New York	Market	National
Full Replace Slice	Full Replace	Current Membership	143
Emp Contribution	100%	Premium Delay	No
Quote Name	ELMIRA HEIGHTS CSD	Rating Method	Full Replace
Product Type	NPPO		

Stipulations

This is a Preliminary quote effective 01/01/2021 - 12/31/2021. The situs state is New York. While we make every effort to honor the rates quoted (notwithstanding the other quote stipulations below), we reserve the right to change these preliminary rates and/or the plan designs quoted based on the final call letter from CMS and the actual National average Part D bid for 2021. To ensure proper claim adjudication effective 01/01/2021, it is imperative that we have final 01/01/2021 plan design decisions from employers as soon as possible. Final decisions received after 11/1/2020 could be problematic in terms of claim adjudication on 01/01/2021. This quote assumes that the employer pays 100% of the premium. If members who have previously opted out are to be allowed back into the plan, then this fact must be disclosed at the time of quote. If the enrollment were to change by more than +/- 10% from current enrollment, we reserve the right to adjust the rates. Please note the following with regard to the drug coverage on these MAPD products: (i) We reserve the right to change our Part D formulary for calendar year 2021. We also reserve the right to change our pharmacy benefit manager and/or our pharmacy network for calendar year 2021. (ii) There is a specific, Part D drug formulary that applies to all of our MAPD plan offerings. (iii) All Part D prescription drug coverage is considered to be creditable, therefore Creditable Coverage Notices are not required. United reserves the right to modify its 2021 rates in the event of changes to existing laws, regulations, or any new legislation, assessments, taxes, and/or marketplace changes to the Medicare Advantage and Part D programs that will have an impact to the program costs or revenue, including but not limited to: (i) the proposed changes to the Part D program (e.g. point-of-sale rebates); (ii) changes in the methodology used to calculate CMS payments including any changes due to EGWP bid waiver; (iii) any plan design changes required by the applicable regulatory authority (i.e. mandated benefits); (iv) any Force Majeure event, including but not limited to national pandemic, act of God, acts of terrorism, or anything beyond United's reasonable control; or (v) as otherwise permitted in our contract. Quote assumes \$11.00 PMPM commission level.3 Pre-65 Medicare eligible retirees are included. The premium rate quoted herein assumes that premiums are due in full on a monthly basis on or before the last business day of the month.