



AGREEMENT SUMMARY

1. Other Contracting Party: OPTUMRX PBM OF ILLINOIS, INC.

2. Proposed Action:

New Contract  Amendment, Number 2  Renewal  Extension

3. Document Type (select one):

Pharmacy Benefit Management Services

4. Purpose/Description:

Provides for continuation of self-insured pharmacy plan for benefit-eligible employees, COBRA participants, Retirees and covered dependents.

5. Special Provisions (select if applicable):

Living Wage Program  SBE Sheltered Market Program
 Workforce Investment Pilot Program  M/WBE Program
 Federal DBE/ACDBE program  In-Kind Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_%
 CBE Program  Cash Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_%

6.a. Effective Dates (for new agreements only):

Start : \_\_\_\_\_
End: \_\_\_\_\_

6.b. Effective Dates (amendments only):

No Change
 End date has changed from 12/31/2020 to 12/31/2021.
 Term has from to .

7. Contract Administrator:

Name: David Kahn, Director, Human Resources
Phone: (954) 357-6005

8. Contract Type:

Cost reimbursement  Open-end
 Firm fixed price  Time and materials
 Performance-based  Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Actual  Estimated

Table with 2 columns: Description, Value. Rows: Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

No change  Actual  Estimated

Table with 2 columns: Description, Value. Rows: Original approved contract value (\$52,800,000), Approved previous adjustments (\$18,707,467), Value of this action (\$19,207,869), Amended total contract value (\$90,715,336).

10. Payment Method

Lump Sum Payment
 Milestone or Progress-Based
 Scheduled or Time-Based
 Other:

11. Payment Terms

Semimonthly based on claim utilization.

12. Cost Adjustment

Not Applicable  Fixed Percentage - \_\_\_%  Actual Cost
 CPI or other Index  Fixed Amount - \$\_\_\_\_\_  Other:

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

TWO, ONE-YEAR RENEWAL TERMS. THIS IS THE SECOND RENEWAL.

15. Termination and Cancellation Provisions

For Cause: 30 DAYS WRITTEN NOTICE
For Convenience: 30 DAYS WRITTEN NOTICE

16. Deliverables, milestones or scope of this action:

Provide pharmacy coverage to benefit-eligible employees, COBRA participants, Retirees and covered dependents.

17. List terms, considerations or deviations from standard county form.

None.