OPEH&W HEALTH Plan
MAKING HEALTHY CHEAPER

3851C Tuxedo Blvd
Bartlesville, OK 74006
800.468.5744
www.opehw.com

Regular Board Meeting – Notice & Agenda

Notice

As required by Section 311, Title 25, Oklahoma Statutes, Notice is hereby given that the Board of Review will hold a Regular Board Meeting, Thursday, October 9th, 2025, at 10am at the ACCO Building, 429 NE 50th St, Oklahoma City, OK 73105.

Person Filing Notice:
》 Tammy Malone, Board Chairperson, Craig County Courthouse, Vinita, OK 74301, 918-256-2507.

Remote Participation:
》 Meeting Link: **https://tinyurl.com/2fxrvzyd** Meeting #: **232 845 806 829 1** Password: **4H4jw6Ng**

Remote Participation Guidelines:
》 Mute your microphone or phone when not speaking.
》 All votes will be conducted by roll call.
》 Voting board members leaving the meeting early, must announce their intention to do so.
》 If a voting board member loses connection, the meeting being paused until connection is restored.

Meeting Materials

》 Visit: http://www.opehw1.com/boardmeetingmaterials.html.
》 Materials are available online, one week prior to the meeting.

Agenda

Report, discussion, consideration, amendment, and appropriate action, if any, on the following:

1. Minutes of the 8/7/25 Regular Board Meeting.
2. New Board Members.
3. Financial Position as of 8/31/2025.
4. Plan Year Claims Position as of 8/31/2025.
5. Woods County Lawsuit.
6. Groups Joining.
7. PHI Disclosure Event Notifications.
8. SB202 & Lobbyist Contract.
9. Actuary Engagement.
10. Virta – Diabetes Reversal Program.
11. Remedy Health Program Presentation.
12. Air Ambulances.
13. Samaritans Program.
14. Script Sourcing Program.
15. Medicare Plan Options.
16. By-Laws.
17. New Business, unforeseen at the time of this posted Agenda.
18. Adjourn.

Next Regular Board Meeting

》 10am - Thursday, January 22nd, 2026, ACCO Building, 429 NE 50th St, Oklahoma City, OK 73105.

Posted at _____ o'clock _____ m. on the _____ day of _____, 2025.
Signed: _____

Meeting Minutes

OPEH&W Health Plan Board of Trustees Board Meeting
ACCO Building
429 NE 50th St, Oklahoma City, OK
August 7th, 2025

Trustees Present:
Mitch Antle, Washington County
Mike Brittingham, Pushmataha County
Amy Gonzalez, Cimarron County – Attended Virtually
Matt Jacobson, OMAG
Emily Lee, Kingfisher County
Tammy Malone, Craig County
Kristie Moles, Pawnee County
Gary Nielsen, Harper County
CJ Rose, Beaver County
Kathy Ross, Johnston County
Dolan Sledge, Texas County
Lynn Smith, Ellis County
Steve Stinson, Grant County

Trustees Absent:
Dana Brown, Seminole County
Gary Starns, Pontotoc County

Staff/Guests:
John Williams, McCurtain County
Jenny Vincent, Ellis County
Ross Naylor, Plan Administration Office
Jennifer Mullally, Plan Administration Office
January Smoot, Plan Administration Office
Anna Dewan, Plan Administration Office
Amber Hargrove, Plan Administration Office

A quorum was established. Chairwoman, Tammy Malone, called the meeting to order at 10:06 am.

1. **Minutes of the 5/21/25 Special Board Meeting.**
   Steve Stinson made a motion to approve the minutes. Mike Brittingham seconded. All voted aye, and the motion carried.

2. **New Board Members.**
   No new board members.

3. **An Executive Session of the Board of Trustees, as authorized by Title 25, §§307 B.4 and B.7 of the Oklahoma Statutes, for the purpose of confidential communications concerning coverage of a denied medical procedure**

for a covered minor dependent, and with the advice of its attorneys, a determination by the Board of Trustees that disclosure to the public of the communications in such Executive Session would seriously impair the ability of the Trust to process the potential claim in the public interest and for purposes of discussing the member appeal where disclosure of such information relating to confidential and protected health information would violate the confidentiality requirements imposed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its Privacy, Security, Breach Notification and Enforcement Rules at 45 C.F.R. Parts 160 and 164.

Matt Jacobson made a motion to enter Executive Session. Dolan Sledge seconded. All voted aye, and the motion carried.

Steve Stinson made a motion to return to the public meeting. Matt Jacobson seconded. All voted aye, and the motion carried.

4. **After Return by the Board of Trustees to the public meeting, vote upon any item of business which concerns the above described and is considered during the Executive Session.**
   Lynn Smith made a motion to approve covering the previously denied procedure. Dolan Sledge seconded. All voted aye, and the motion carried.

5. **Financial Position as of 6/30/2025.**
   Jennifer presented the financial position of the Plan as of June 30th, 2025.

   - Total Assets: $7,941,578.26
   - Total Liabilities: $10,259,319.68
   - Total Capital: $2,317,741.42
   - Total Revenues (YTD): $46,591,913.16
   - Total Expenses (YTD): $52,073,618.73
   - Net Income: ($5,481,705.57)

   Changes made in May and July have positively impacted medical claims and improved financial performance. The Transition to the Advantage Network is expected to reduce costs by 20-30%. The full impact of the changes will be clearer in a couple of months.

   Steve Stinson made a motion to approve the financials. Matt Jacobson seconded. All voted aye, and the motion carried.

6. **2026 Regular Board Meeting Dates.**
   Proposed meeting dates for 2026 are January 22nd, April 9th, August 6th and October 8th.

   Gary Nielsen made a motion to approve the dates. Matt Jacobson seconded. All vote aye, and the motion carried.

7. **New Administration Team Members.**
   Two new McElroy team members were introduced. Anna Dewan, RN, Nurse Advocate and Amber Hargrove, Health Data Analyst.

8. **2024/25 Plan Year Review.**
   Ross Naylor reviewed the 2024/2025 Plan year. Key findings included:

Medical Spend

- **Medical Claims:** Increased by 23%, significantly higher than the projected growth of 5-7.5%.
- **Claim count:** Up 14.7%, indicating higher utilization across the membership.
- **Per Member spend:** Up 16.5%, reflecting both increased usage and higher costs per service.
- **High-Cost Claimants:** While the number of high-cost claimants increased, the total cost associated with these individuals was lower than the previous year.
- **Air Ambulance costs:** Surged by 32%, now accounting for 4% of total medical spend.

Prescription (RX) Spend

- **Overall Rx Spend:** Increased by only 0.7%, which is significantly below the industry trend of 15-20%.
- **Claims Volume:** Increased, but spend remained in line with membership growth.
- **Rebates:** Rose significantly due to a new contract, though rebates are not included in total spend figures. Factoring them in would result in a net decrease in spend.
- **Generic Drugs:** Claims increased while spend decreased – an encouraging trend indicating more members are using cost-effective generics.
- **Brand Name Drugs:** Spend increased by 3.1%, which is below the expected 6.5-7%.
- **Specialty Drugs:** Spend decreased by 5%, despite their high cost per treatment. A small number of members can significantly impact overall Rx spend.

9. Potential PHI Disclosure Event.

On May 30, suspicious activity was found in an employee's email account. An investigation is still underway, but so far, the issue appears to be limited to that account. There is no evidence that other systems or member claims data were affected. An update will be given at the next meeting.

10. Claims Resulting from Late Member Termination Notification.

There is an ongoing issue with delayed notifications of member terminations. When a group fails to notify the Plan of a termination in a timely manner, prescription claims may continue to be processed even after a member's coverage has ended. This results in financial liability for the Plan and creates administrative complications. To resolve this, the administrators proposed a policy change: if a termination notice is received more than 5 working days after the member's last day of coverage, the group will be responsible for any prescription claims incurred beyond that coverage period.

Mitch Antle made a motion to approve the solution as presented. Emily Lee seconded. All voted aye, and the motion carried.

11. Groups Leaving.

Beckham County left the Plan July 1.

12. Groups Joining.

Garfield County, City of Walters, City of Prague and Greer County Special Ambulance have joined as of July.

13. 2024/25 Plan Year Audit Engagement.

Aldridge CPA firm selected to return to audit the 2024/25 Plan year. Approval of the engagement letter is required.

Steve Stinson made a motion to approve Aldridge CPA. Matt Jacobson seconded. All voted aye, and the motion carried.

14. SB202.

The bill stalled in conference committee. The lobbyist is pursuing a resolution before November. No action.

15. Woods County Lawsuit.

The Commissioners and County Clerk have all been notified of depositions being scheduled. No action.

16. By-Laws.

Bylaws were reviewed, and the following were proposed changes:

- Current members of the Board are grandfathered in
- Board composition based on membership percentages
- Trustee Term: 5 years
- Officer Term: 3 years
- Attendance: In-person is required for all meetings unless excused
- Annual meeting of the Board will be in January
- Reimbursement policy removed

17. New Business, unforeseen at the time of the posted agenda.

No new business.

18. Adjournment.

Gary Nielsen made a motion to adjourn the meeting. Matt Jacobson seconded. There is no opposition, and the meeting adjourned at 12:26 pm.

Tammy Malone
Chairman/Board of Review

Attested To/ Notary

My Commission Expires

Steve Stinson
Secretary/Board of Review

Attested To/ Notary

My Commission Expires

O. P. E. H. & W. PLAN

Balance Sheet
August 31, 2025

ASSETS

Current Assets			
Cash - Reserve Account	$ 1,197,408.45		
Cash - FSA Account	25,000.00		
Arvest Equities Account 314783	1,443,954.60		
Arvest Fixed Income Sec 308025	3,674,031.28		
Accounts Rec.-Rebates	1,650,000.00		
Accounts Rec. - Surcharge	94,214.89		
Accounts Rec - Unpaid Premiums	1,670,821.75		
Total Current Assets			9,755,430.97
Property and Equipment			
Total Property and Equipment			0.00
Other Assets			
Total Other Assets			0.00
Total Assets		$	9,755,430.97

LIABILITIES AND CAPITAL

Current Liabilities			
Accounts Payable	$ 6,779,898.38		
Bank Loan Payable	3,400,000.00		
Total Current Liabilities			10,179,898.38
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			10,179,898.38
Capital			
Beginning Balance Equity	(337,648.87)		
Fund Balance	(236,803.81)		
Net Income	149,985.27		
Total Capital			(424,467.41)
Total Liabilities & Capital		$	9,755,430.97

O. P. E. H. & W. PLAN

Income Statement
For the Two Months Ending August 31, 2025

	Current Month		Year to Date	
Revenues				
Public Entity Premiums	$ 4,207,814.44	81.04	$ 7,826,301.28	87.43
Cobra Premiums	3,276.78	0.06	11,050.48	0.12
Retiree Premiums	130,964.33	2.52	263,829.04	2.95
Rebates	850,000.00	16.37	850,000.00	9.50
Total Revenues	5,192,055.55	100.00	8,951,180.80	100.00
Cost of Sales				
Total Cost of Sales	0.00	0.00	0.00	0.00
Gross Profit	5,192,055.55	100.00	8,951,180.80	100.00
Expenses				
Medical Claims Expense	2,084,229.13	40.14	4,167,072.34	46.55
Dental Claims Expense	203,141.58	3.91	412,157.17	4.60
Prescription Claims Expense	1,111,859.21	21.41	2,619,859.90	29.27
Administration Fees	163,797.80	3.15	328,258.72	3.67
Claims Supervisor Fees	304,292.15	5.86	663,191.98	7.41
Specific Reinsurance Expense	108,897.00	2.10	221,746.60	2.48
Group Life Insurance Expense	101,121.28	1.95	201,210.35	2.25
Vision Insurance Expense	43,107.51	0.83	86,289.49	0.96
Bank Charges	249.85	0.00	2,463.12	0.03
Interest Expense	18,298.61	0.35	36,006.95	0.40
Legal Fees	373.42	0.01	435.92	0.00
Postage Expense	2,975.53	0.06	3,408.32	0.04
Printing Expense	3,563.02	0.07	3,881.42	0.04
Professional Services	23,517.25	0.45	55,213.25	0.62
Total Expenses	4,169,423.34	80.30	8,801,195.53	98.32
Net Income	$ 1,022,632.21	19.70	$ 149,985.27	1.68

Plan Performance - Year on Year

Medical	JUL & AUG 24/25 PY	JUL & AUG 25/26 PY	Change
Members	3,702	3,836	**3.60%**
Spend	2,264,670	1,999,535	**-11.70%**
High-Cost (>50k) Spend	204,703	110,975	**-45.80%**

Rx	JUL & AUG 24/25 PY	JUL & AUG 25/26 PY	Change
Spend	1,143,189	1,189,680	**4.10%**
Claims	7,116	7,561	**6.30%**

LAURA FLEET
CONSULTING

Laura Fleet Consulting, PC
405-922-7212

Legislative Services Proposal

Prepared for: Summit Financial, on behalf of OPEH&W

Date: August 4, 2025

Executive Summary

Our firm drafted and introduced SB 202 for the 2025 legislative session to allow OPEH&W to participate in *InsureOklahoma*.

The bill passed out of the Senate committees and the Senate floor, as well as the House committees and House floor. We did not encounter any credible opposition during the legislative session, and the bill passed each step with a supermajority, if not unanimously.

The House of Representative struck the title on the bill which necessitated that the bill return to the Senate to "accept or reject" the House amendment as the State Agency responsible for implementing the bill, the Health Care Authority, assigned a substantially inflated $6MM fiscal note to the bill. May 8th the Senate rejected the House amendment and sent the bill to conference so we could address the overstated fiscal note. At the time, the legislature was still negotiating the State's budget, and the Oklahoma Health Care Authority assigned an amended fiscal note to the bill of $2MM.

Due to the fiscal notes attached to the bill by the State Agency, the bill was assigned to the GCCA conference committee on May 13th. (The legislature generally defers to the State Agencies to establish a fiscal note on legislation.) As the legislature adjourns Sine Die May 30, this did not allow sufficient time to convince the Health Care Authority to remove the fiscal note or advance the bill.

The bill is currently the property of the GCCA conference committee. This means the bill remains in play for the 2026 legislative session, as Oklahoma has two-year sessions. Beginning in February of 2026 the bill can be advanced the final steps and sent to the Governor's desk for signature. The bill will not need to start from the beginning and go through the full legislative process again.

Challenges

The challenges we face advancing the bill into law for 2026 include removing/reducing the fiscal note assigned to the bill by the Oklahoma Health Care Authority and receiving approval from leadership to advance the bill, particularly if a fiscal note remains on the bill.

We also face the challenge of the State Agency's delay in advancing rules to implement previous legislation on this subject and potentially our legislation.

Proposed Strategy

Meet with both of our original authors, Rep. Hill and Sen. Daniels, to confirm their willingness to continue as our authors and advocate for the bill's passage.

Ask Rep. Hill to request a specific set of questions, we will provide, regarding the fiscal note(s) attached to the bill by the Health Care Authority and their budget and expenditures on the *InsureOklahoma* program in past years, as the Health Care Authority has stated the current funding source for *InsureOklahoma* is not covering the annual costs, therefore requiring the Health Care Authority to cover the cost from another line item in their budget.

Ask Rep. Hill to request a detail of the transfers from the tobacco tax to the Health Care authority under Fund 245: the Health Employees and Economy Improvement Act (HEEIA), which funds *InsureOklahoma*.

Ask Rep. Caldwell and Sen. Hall, respective Appropriations Chairmen, for their support of the legislation and explain the cost of implementing our program to alleviate misconceptions about the Health Care Authority's fiscal note.

Meet with Speaker of the House, Hilbert and President Pro-Tempore Paxton of the Senate regarding our strategy to advance the bill from the conference committee early in the session.

Meet with legal counsel at the Oklahoma Health Care Authority regarding the status of the rules related to the legislation passed allowing self-insured plans to participate in

the *InsureOklahoma* process two years ago, SB 1752, and in anticipation of SB 202's passage.

We drafted proposed rules to implement the previous legislation and our legislation but did not submit our drafts to the Health Care Authority.

Timeline

I propose beginning our strategy August 11th. The legislature begins their interim study meetings at the State Capital August 4th, continuing to November 6th. We will have access to legislators and leadership during this timeframe, and they will be less distracted with the complexities of the fast-moving session. This timeframe also allows time to reconvene with our original authors, request/receive the information on the Health Care Authority's expenditures on *InsureOklahoma*, request/receive the tobacco tax transfer data and lobby the House and Senate leadership and Appropriations Chairs prior to the legislative session reconvening in February 2026. The goal is to have all of these steps completed before the session starts so we can advance our bill right away, while we have more of the legislators' time and attention.

Pricing Structure

I propose continuing the $4,000 per month fee we previously used, through May 2026. This covers my firm's consulting fee and two lobbyists on the project.

Sincerely,

Laura Fleet

Laura Fleet, Esq.
Laura Fleet Consulting, PC

OliverWyman

Peter Kaczmarek
Senior Manager
Oliver Wyman
1401 Discovery Parkway, Suite 150
Wauwatosa, WI 53226
414-628-8257
Peter.Kaczmarek@Oliverwyman.com

Mr. Ross Naylor
President
Oklahoma Public Employees Health and Welfare Plan
3851 East Tuxedo Boulevard, Suite C
Bartlesville, OK 74006

September 30, 2025

Subject: Engagement Letter

Dear Ross,

We are delighted to have the opportunity to continue working with Oklahoma Public Employees Health and Welfare Plan ("you", "OPEH&W"). The objective of this letter of agreement is to confirm the scope of the work and set forth the terms of the engagement.

Scope of Services

Oliver Wyman Actuarial Consulting, Inc. ("Oliver Wyman") will perform the following services (the "Services") for the plan year beginning July 1, 2026:

- Development of appropriate premiums for medical, drug and dental benefits
- Analysis of stop loss claims experience and appropriate stop loss attachment points
- Determination of IBNR reserves
- Funding forecasts
- Evaluation of new entities seeking to join the trust on an ad hoc basis
- Other actuarial items as requested and agreed to by OPEH&W and Oliver Wyman

The approach for developing the premium rates for the plan year beginning July 1, 2026 and any corresponding analyses will be similar to the approach utilized in developing the premium rates for the plan year beginning July 1, 2025, reflecting any changes in enrollment and any emerging claims experience. We will develop rates for existing health benefit plan options to be offered for the plan year beginning July 1, 2026.

In addition, we would like to propose providing consulting services related to development of claim monitoring dashboard and metrics as "Additional Services".

Additional Services

Oliver Wyman will consult OPEH&W in designing and implementing a claims monitoring capability that provides insight into medical and pharmacy claims performance.

OPEH&W will provide timely access to required data sources and subject-matter experts, identify a project sponsor, facilitate vendor coordination, and review/approve deliverables within agreed windows.

Work will be performed remotely unless otherwise agreed; any travel would be billed separately. All services are provided in accordance with Oliver Wyman's Standard Terms and Conditions.

Information and Data Required

Once we have received a signed copy of this engagement letter, we will send a formal data request letter outlining our data needs. At this time, we do not anticipate any significant changes to the type of data and information that you provided to develop the premium rates for the plan year beginning July 1, 2025. It is possible that we may need additional information as we work our way through the process to address questions that may arise.

Timeframe

We will begin our work for you as soon as we receive a signed copy of this engagement letter. We anticipate receiving data in early to mid-November, developing preliminary rates by the end of December, and drafting a report shortly thereafter. Assuming no unforeseen circumstances, we anticipate completing the final report no later than January 15, 2026.

Staffing

I will oversee the project and manage the day-to-day communications between OPEH&W and Oliver Wyman. Lukas Yahr and Mallory Grossman will complete the analysis, with additional Oliver Wyman staff assisting, as necessary. All services will be reviewed by Ryan Schultz, a Principal at Oliver Wyman, according to Oliver Wyman's Standard Operating Procedures.

Fees and Expenses

We will bill OPEH&W based upon the staffing levels of the individuals performing the work, at the discounted hourly rates outlined below.

Staffing Level	Hourly Rate	Estimated % of Total
Principal	$725	10%
Senior Manager	$550	20%
Consultant	$410	40%
Analyst	$300	30%

We anticipate the cost for the Services will be approximately $75,000, assuming a scope of work outlined in this letter.

The cost for Additional Services to provide consulting services related to the development of a claims monitoring dashboard and metrics will be approximately $25,000.

We will provide updates on estimated fees to-date at the end of each month. If we anticipate that we may exceed the total budget, we will let you in advance so that we may discuss potential tradeoffs in scope. If the scope of

services or staffing requirements changes, then the professional fees will be adjusted in advance by mutual agreement. We do not anticipate any travel being required; however, should that change, travel expenses will be billed separately, at actual cost.

You are responsible for any sales taxes, including those assessed by any sales tax authorities subsequent to your payment for the Services. Payment of Oliver Wyman's invoices is due within thirty days of receipt by you.

Terms and Conditions

This engagement and any other engagement that is mutually agreed between Oliver Wyman and you is subject to Oliver Wyman's Standard Terms and Conditions, which are set forth on the attached Appendix A. Unless you inform us in writing to the contrary within 15 days of your receipt of this letter, if you continue to instruct us on this engagement, the Standard Terms and Conditions which are set forth on the attached Appendix A will govern Oliver Wyman's work and, together with the terms of this letter, will reflect our full and complete agreement of the terms of our relationship.

Termination

You may terminate this agreement upon five days' prior written notice. In the event of your termination of this agreement you will pay Oliver Wyman all fees earned and expenses incurred by Oliver Wyman through the date of termination. Oliver Wyman may terminate this agreement if you fail to provide the required information and data (as described above) or if you fail to pay our invoices in a timely fashion.

OLIVER WYMAN ACTUARIAL CONSULTING, INC.

by: _____

Name: Peter Kaczmarek, FSA, MAAA

Title: Senior Manager

ACCEPTED AND AGREED:

Oklahoma Public Employees Health and Welfare Plan

by:_____

Name:

Title:

Date:

Appendix A

Oliver Wyman Actuarial Consulting

Standard Terms and Conditions

Confidentiality of Client Information

In the course of providing the Services, Oliver Wyman may be exposed to confidential and proprietary information concerning your businesses ("Confidential Information"). Oliver Wyman will respect the confidential nature of all non-public Confidential Information and will not disclose it to any third parties except as required to process, complete or administer the service for which the data was obtained, or as otherwise authorized by you or required by applicable law. If Oliver Wyman is required by law to disclose any Confidential Information, Oliver Wyman will, to the extent practicable, notify you of the disclosure request and discuss an appropriate response with you. You agree to adhere to the same terms concerning any confidential or proprietary information provided by Oliver Wyman.

Responsibility for Accuracy and Completeness of Client Information

The accuracy and usefulness of Oliver Wyman's advice depends in large measure on the data that its clients supply. In agreeing to engage Oliver Wyman to provide Services, you agree to provide accurate and complete data relating to the Services. Oliver Wyman will use all information and data supplied by you without having independently verified the same and assumes no responsibility for the accuracy or completeness of such information or data.

You agree that if any data or information supplied to Oliver Wyman is incomplete, inaccurate, not up-to-date or not provided when needed, or if adequate access to appropriate individuals is not provided, then Oliver Wyman will not be responsible for liability or delays arising therefrom and shall be entitled to charge you in respect of the work actually carried out to correct the deficiency.

Personal Information

In the event the parties agree that, as part of the Services, Oliver Wyman will process personal information provided by you or on your behalf, the terms and conditions found at https://www.oliverwyman.com/owa-privacy-supplement shall apply and shall be incorporated herein as if fully set forth herein.

Ownership of Oliver Wyman Intellectual Capital

The value of Oliver Wyman's services to its clients is supported by the specialized knowledge and experience developed in client work. Oliver Wyman therefore retains all rights in the intellectual capital developed and possessed by Oliver Wyman prior to or acquired by Oliver Wyman during the performance of the Services ("Oliver Wyman IC"). Oliver Wyman IC will not be deemed "works made for hire" and Oliver Wyman will not be restricted in any way with respect to its use. "Oliver Wyman IC" is understood to include, without limitation, Oliver Wyman's methodologies, ideas, know how, models, tools, skills, knowledge and experience, and any graphic or digitized representations of any of these.

Use of Oliver Wyman Reports and Recommendations

The Services and reports furnished by Oliver Wyman to you may include advice and recommendations; however, all decisions in connection with the implementation of such advice and recommendations shall be made solely by you and shall be your sole responsibility. Reports and advice furnished by Oliver Wyman to you are designed and intended solely for internal use by you and your directors, officers, and employees. Therefore, except for your (i) auditors, insurance brokers, commercial insurance carriers and reinsurers who have a need to know and are bound

by reasonable obligations of confidentiality and (ii) regulators (if applicable, and only if required or requested through regulatory process), each of whom may receive a copy of Oliver Wyman's final report in its entirety, in agreeing to engage Oliver Wyman to provide the Services, you agree that Oliver Wyman's reports, analysis and other materials will not be furnished in whole or in part to any other person without Oliver Wyman's prior written consent. You also agree not to refer to Oliver Wyman or attribute any information to Oliver Wyman in the press, for advertising or promotional purposes, or for the purpose of informing or influencing any other party, including the investment community, without Oliver Wyman's prior written consent. Similarly, Oliver Wyman will not refer to you in the press, for advertising or promotional purposes, without your prior written consent, provided that Oliver Wyman may include your name and/or logo in a list of representative clients of Oliver Wyman for general client marketing and employee recruiting purposes.

Scope of Oliver Wyman's Advice and Services

When advising you, Oliver Wyman may from time to time comment on legal issues or draft documents that codify or create legal rights. When doing so, Oliver Wyman's comments and drafts will be based on its understanding of relevant law and industry best practice. However, this advice should not be construed as legal advice, which can only be provided by legal counsel and for which you must seek advice of counsel. In addition, Oliver Wyman's services shall not be construed as accounting or tax advice, which advice can only be provided by an accountant, tax expert, or other similar professional. The information and advice contained in Oliver Wyman's reports and work product is not intended or written by the Oliver Wyman consultant or actuary to be used, and it cannot be used by you, for the purpose of avoiding tax penalties that may be imposed on you. Oliver Wyman is not acting as a fiduciary for you in connection with the services it provides to you and does not have a fiduciary or other enhanced duty to you.

You acknowledge and agree that Oliver Wyman is entering this agreement on behalf of itself and as agent for each of its non-US affiliates, if any, that may provide services under this agreement, and that Oliver Wyman will bill and collect on behalf of such non-US affiliates amounts payable to them pursuant to this agreement and remit to them any amounts collected on their behalf.

Limit of Liability

In agreeing to work for clients, Oliver Wyman understands that clients may seek to be compensated for damages resulting from the fault of Oliver Wyman. However, Oliver Wyman's fees do not contemplate Oliver Wyman becoming involved in legal proceedings that would expose Oliver Wyman to open-ended liability.

Therefore, in agreeing to engage Oliver Wyman to provide the Services, you agree that Oliver Wyman's liability (whether based on any action or claim in contract, tort or otherwise) to you or your affiliates arising out of or relating to the Services will not exceed one times (1x) the aggregate professional fees paid by you to Oliver Wyman for the Services.

In addition, you and Oliver Wyman agree that neither party will be liable to the other in connection with the Services or any matter relating to the Services for any indirect, special, punitive, consequential or incidental damages, or for loss of profits.

The terms and conditions in this "Limit of Liability" provision shall apply to the fullest extent permitted by applicable law.

Indemnification

The fees for the Services also do not contemplate Oliver Wyman's uncompensated involvement, through document production, advice, consultation with you or your counsel, or deposition or trial testimony, in a legal dispute brought by you or against you by a third party, or being subject to third party claims. Accordingly, you agree to indemnify

Oliver Wyman and its directors, officers, stockholders and employees (collectively, "Indemnified Persons"), from and against all claims, liabilities, losses, damages, costs and expenses as incurred (including reasonable legal fees and costs), and to pay Oliver Wyman's standard rates for professional time spent (including for preparing, defending or giving testimony or furnishing documents in response to subpoenas or information requests), in connection with actual or threatened actions, proceedings or investigations, whether or not Oliver Wyman is a party (collectively "Losses"), relating to or arising out of the Services or any matter relating to the Services. However, you will not be liable under this indemnity to an Indemnified Person to the extent any Losses sustained by such Indemnified Person are finally determined to have resulted primarily from the gross negligence, willful misconduct or bad faith of such Indemnified Person in connection with the performance of the Services.

Non-Exclusivity

It is Oliver Wyman's practice to serve multiple clients within industries, including those with potentially opposing interests. Accordingly, Oliver Wyman may have served, may currently be serving or may in the future serve other companies whose interests may be adverse to yours. In all such situations, Oliver Wyman is committed to maintaining the confidentiality of each client's information and will abide by non-disclosure procedures (such as firewall protocols and other safeguards) to appropriately protect all confidences. Please also be advised that Oliver Wyman is part of a family of companies, including its parent, Marsh & McLennan Companies, Inc., its sister companies, Marsh, Guy Carpenter and Mercer, and the other Oliver Wyman Group businesses (including Lippincott and NERA Economic Consulting).

Dispute Resolution

If any dispute between you and Oliver Wyman arises out of any matter governed by this agreement, each of us will first attempt in good faith to reach a settlement through negotiation by our appointed representatives.

Force Majeure

Neither party shall have any liability for any failure or delay in performance of its obligations under this agreement because of circumstances beyond its reasonable control, including, without limitation, acts of God, fires, floods, earthquakes, epidemics, public health emergencies, acts of war or terrorism, civil disturbances, sabotage, accidents, unusually severe weather, governmental actions, power failures, computer/network viruses that are not preventable through generally available retail products, catastrophic hardware failures or attacks on its server.

Governing Law

This agreement will be governed by and construed in accordance with the laws of the State of New York. Each party submits to the exclusive jurisdiction of the courts located in the State of New York.

Jury Waiver

Each party, on behalf of itself and its affiliates, to the fullest extent permitted by law, knowingly, voluntarily, and intentionally waives its right to a trial by jury in any action or other legal proceeding arising out of or relating to this agreement or the Services. The foregoing waiver applies to any action or legal proceeding, whether sounding in contract, tort or otherwise. Each party, on behalf of itself and its affiliates, also agrees not to include any employee, officer or director of the other party or its affiliates as a party in any such action or proceeding.

Severability

It is the intent of the parties that the provisions of this agreement shall be enforced to the fullest extent permitted by applicable law. To the extent that the terms set forth in this agreement or any word, phrase, clause or sentence is found to be illegal or unenforceable for any reason, such word, phrase, clause or sentence shall be modified or

deleted in such manner so as to afford the party for whose benefit it was intended the fullest benefit commensurate with making this agreement, as modified, enforceable, and the balance of this agreement shall not be affected thereby, the balance being construed as severable and independent.

Amendment, Waiver and Assignment

This agreement may be modified or otherwise amended, and the observance of any term of this agreement may be waived, only if such modification, amendment or waiver is in writing and signed by the party to be charged with same. Neither party shall have the right to assign or transfer this agreement or any rights hereunder to any third party without the prior written consent of the other party.

Miscellaneous

This agreement contains the entire understanding of the parties with respect to the subject matter contained herein, superseding all prior agreements, understandings and negotiations with respect to such matters. This agreement shall be binding upon and inure to the benefit of the parties' respective successors. The obligations of the parties under this agreement that by their nature continue beyond the termination of this agreement shall survive any termination of this agreement. There are no third party beneficiaries with respect to this agreement. This Agreement may be executed on separate counterparts, each of which shall constitute an original, but both of which when taken together shall constitute a single contract. Delivery of an executed signature page of this Agreement by facsimile or other electronic transmission shall be effective as delivery of a manually executed counterpart hereof.

virta

Virta Reversal Services

OPEH&W Health Plan

August 22, 2025

What is Virta?

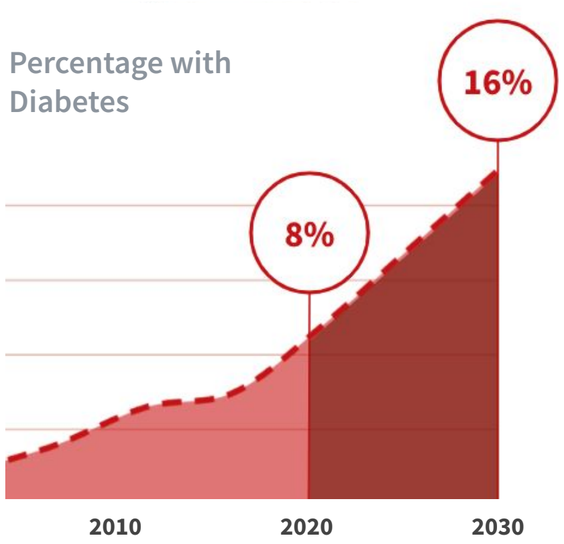
Reversal care: Virta is a virtual clinic for reversing:

- Obesity & overweight
- Type 2 diabetes
- Prediabetes

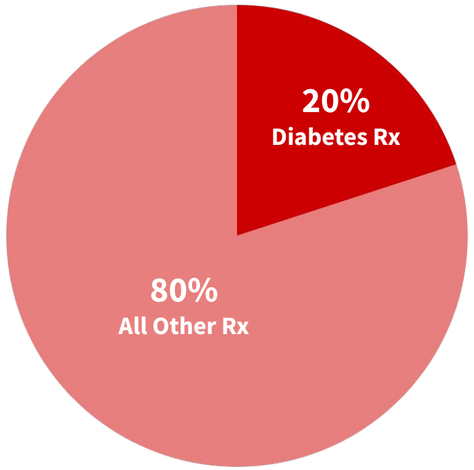
We address the root cause of these conditions through nutrition & clinician-led care.

Outcomes for all: Virta addresses each member's unique biochemistry and SDOH, making behavior change rapid and sustainable. 100% at risk for meaningful results.

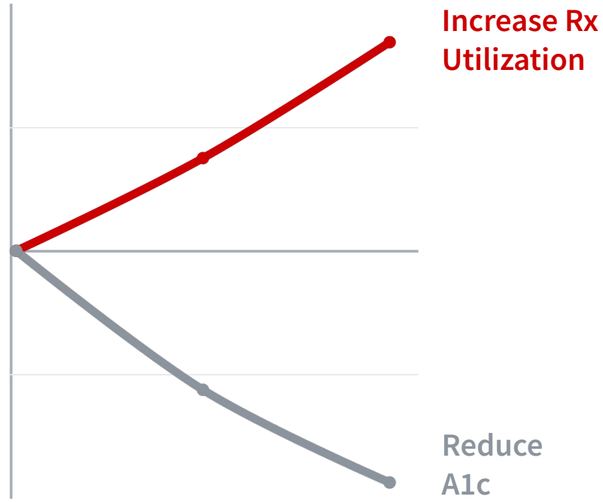
The Diabetes Epidemic is growing and cost is increasing



Diabetes prevalence is doubling nearly every decade [1]



Diabetes drugs are a top 3 Rx cost driver in the US [2]

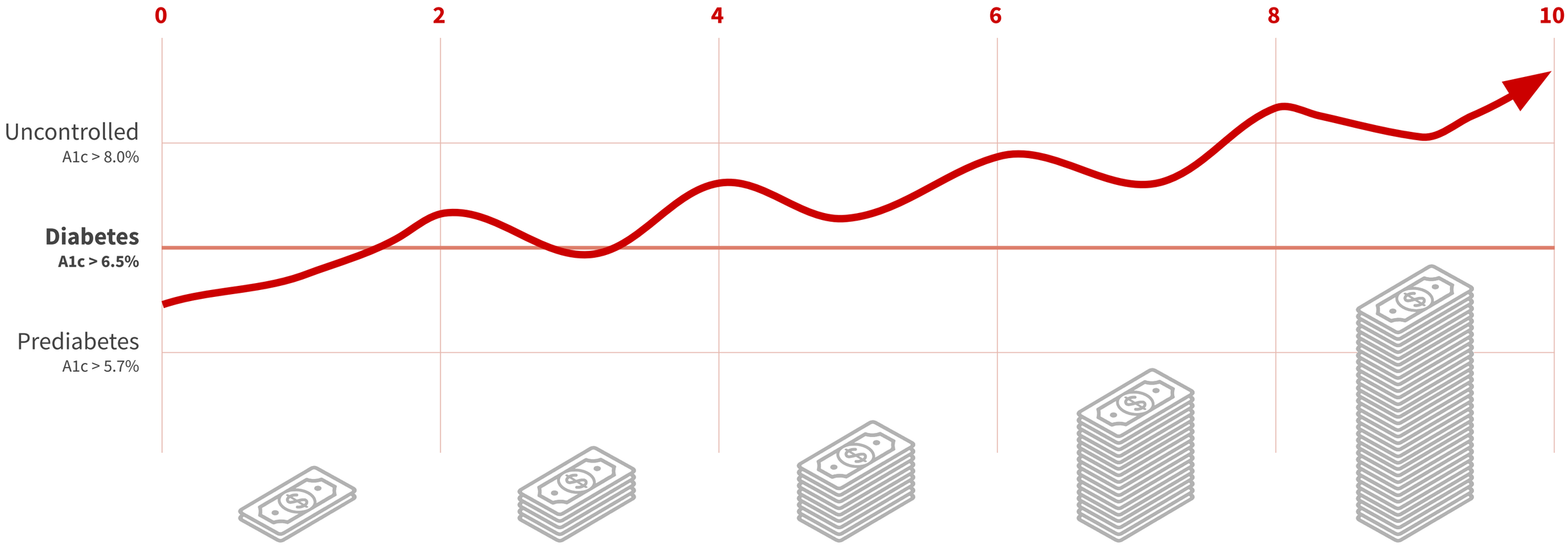


Diabetes management does nothing to address prevalence or Rx cost [3]

1. CDC. Long Term Trends in Diabetes. April 2017; Rowley, WR et al, Diabetes 2030: Insights from Yesterday, Today, and Future Trends. Population Health Management. 2017 Feb 1; 20(1): 6-12.
2. Taylor, S. Diabetes Care 2020;43(10):2330–2332
3. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. Managing Diabetes. December 2016

virta

Years in Diabetes Management



<$100
Oral Generics
(Metformin)

$2–3K
Branded Orals
(SGLT-2, DPP-4)

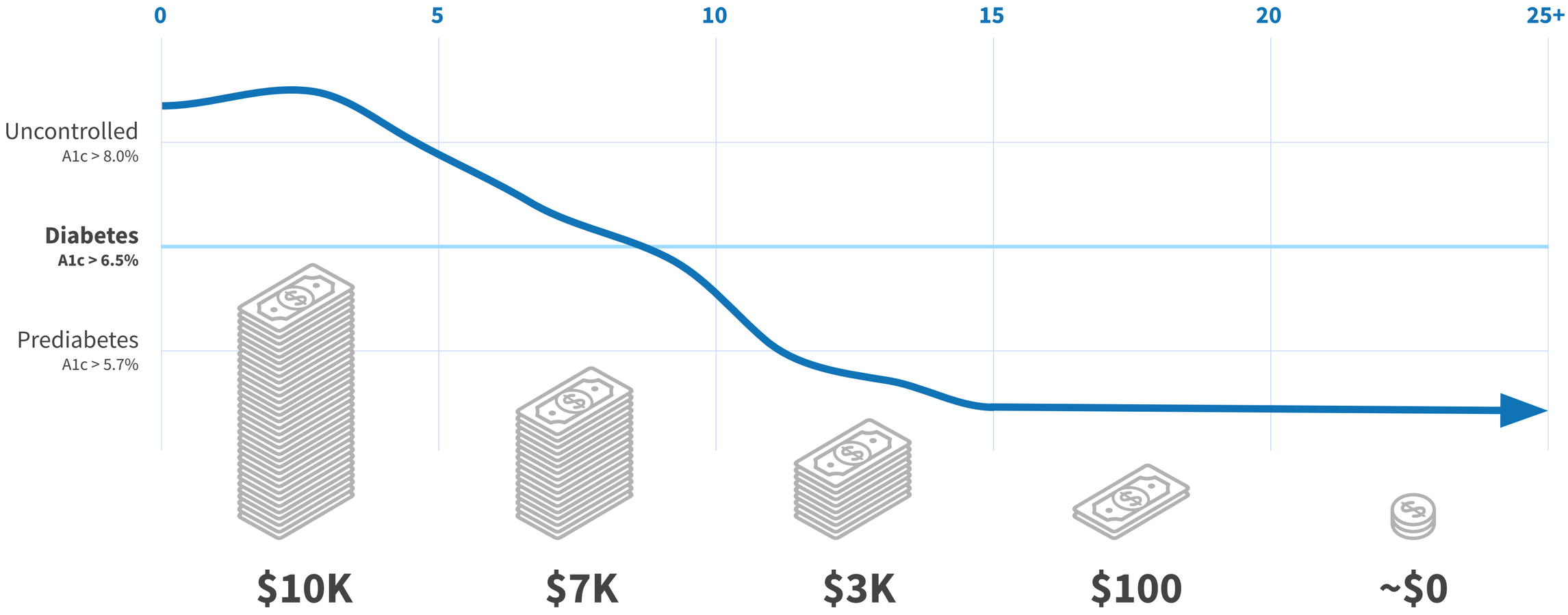
$4–6K
Branded Injectables
(GLP-1)

$6–10K
Branded Oral
+ Insulin

$10K+
Aggressive
Insulin

virta

Weeks in Diabetes Reversal



virta

Virta's impact on 100% of diabetes patients at 1 year

Reversed
60% reversed their diabetes

On Their Way
40% that haven't reversed (yet)

Hallberg SJ et al. Diabetes Therapy. 2018;9(2):583-612. For patients completing 1 year of treatment.

virta

The difference between diabetes reversal vs. management

	Standard Care[1] One Year Completers	**Diabetes Management**	**Virta**[1] One Year Completers
A1c	⬆️ 0.2	⬇️ 0.6[2] One year completers	⬇️ **1.3**
Rx	⬆️ 7%	⬆️ 3%[3] Increase in medication utilization	⬇️ **59%**
Weight Loss	0 lbs	⬇️ 1 lb[4] 12 week completers	⬇️ **31 lbs**

1. Hallberg SJ et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers (83% retention in Virta Treatment; 90% retention in Standard Care). Rx refers to the net change in diabetes-specific prescription volume at one year (which excludes metformin) compared to baseline and multiple insulins prescribed to a patient were counted as one rx.
2. Bollyky JB et al. JMIR Diabetes. 2019; 4, e14799 (Outcomes among one year completers (44% retention in Livongo).
3. Diabetes-related prescription utilization according to five-client, two-year DiD analysis (slide 34). Livongo presentation at EBPA 2018. https://www.ebpa.org/resources/presentations/2018/Livongo_EBPA_20SEP2018.pdf
4.Bollyky JB et al. J Diabetes Res. 2018; 3961730. (Outcomes at 12 weeks for Livongo + scale group).

virta

Virta is additive to the patient's existing care team, reporting progress

Virta doesn't require any additional work from PCP

Focused on metabolic disease reversal, elimination of Rx

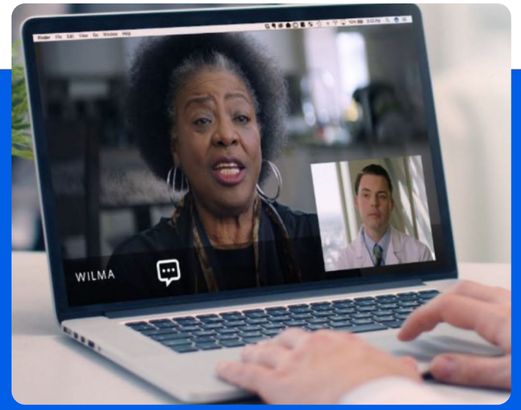
- Virta manages diabetes-specific medications
- PCP maintains relationship, managing comorbidities
- Provider to Provider consultation *(as requested)*

Virta Reporting to PCPs

Virta faxes PCP when patient milestones are reached:

- Patient enrollment
- 14 days post-enrollment
- Rx deprescriptions
- Patient release

Member experience: Enrollment



Marketing & Enrollment

Virta and customer align on plan for multi-channel marketing campaign, eligibility checking, and enrollment

Intro to Clinical Team

Virta clinical team runs a clinical intake call to take patients medical history and ensure readiness for care

Medical Equipment and Supplies

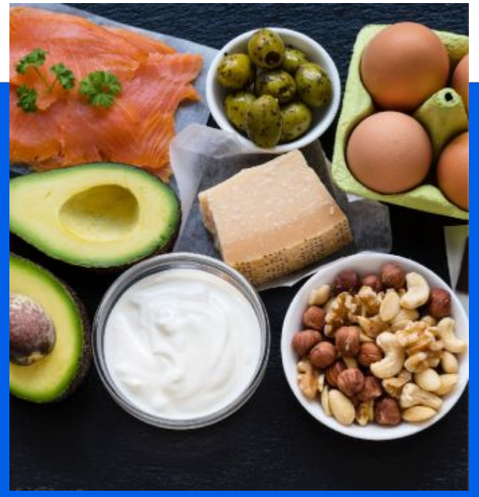
Virta delivers remote monitoring equipment, including connected scale, testing strips, and reading materials

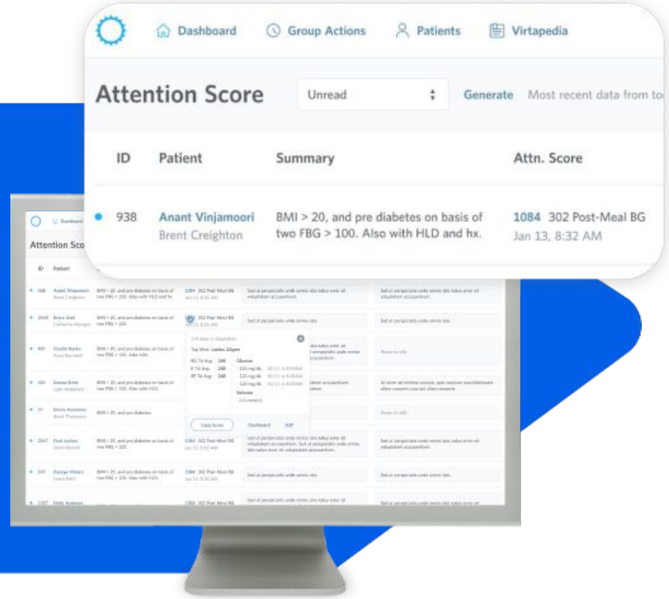
Guided Education Curriculum

Patients review easy-to-understand video and written e-learning resources that prepare them for care

virta

Member experience: Clinical care





Nutritional changes

Patients engage in personalized carbohydrate restriction. Encouraged to eat until full; no calorie counting

Health Coaching

Patients engage in frequent chats with dedicated health coach team, with near daily interactions, tailored to the patient's preferences

Biomarker Logging

Patients track ketones, weight, and subjective factors such as mood and hunger

Provider-led Deprescription

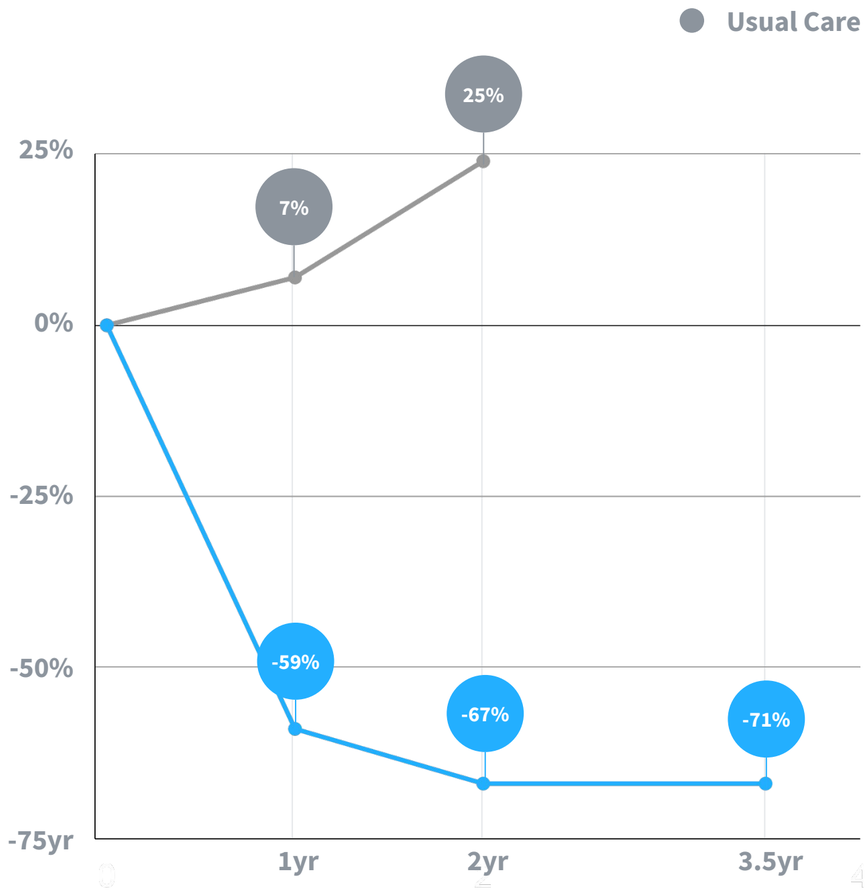
Providers monitor patient biomarkers and focus on safe medication deprescription – getting people off of costly drugs like insulin or GLP-1s

** Providers = physicians & nurse practitioners*

virta

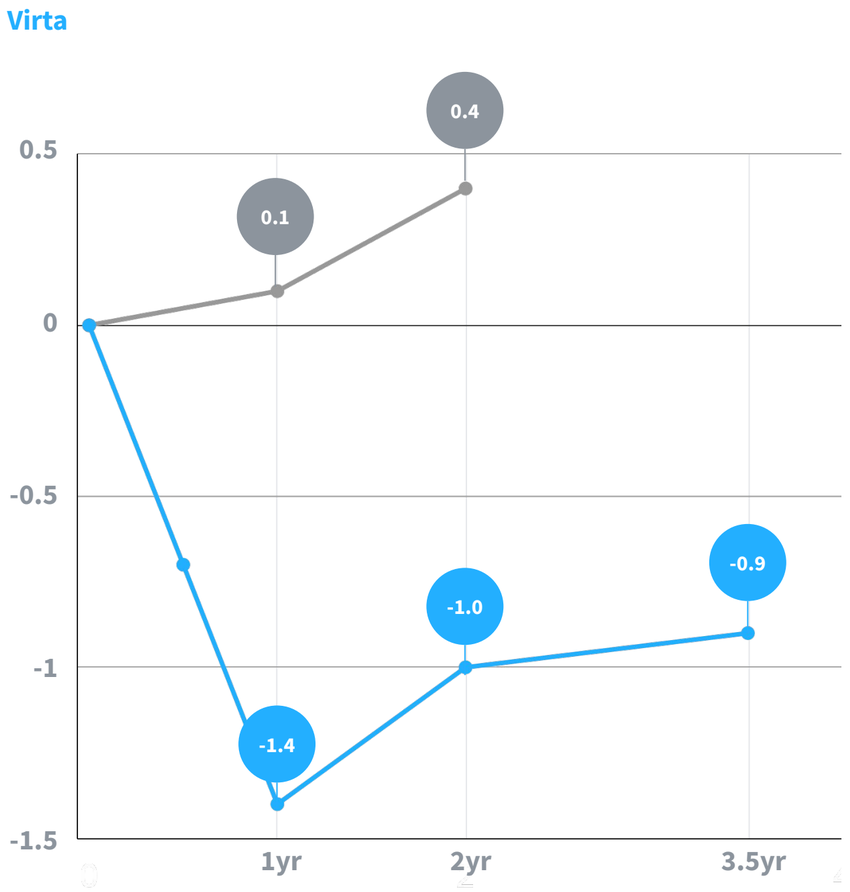
Sustained outcomes at 3.5 years

Note: Year 0-2 data came from clinical trial with control group. Year 2+ data came from follow-up study without control group.



Diabetes Prescriptions

Percent Change from Baseline



HbA1c

Point Change from Baseline

Outcomes from a 2-year clinical trial were previously reported in Hallberg SJ et al. Diabetes Therapy. 2018; 9:583-612 and Athinarayanan SJ et al. Frontiers in Endocrinology. 2019; 10:348 where 262 participants selected the Virta Treatment and 87 participants selected to receive usual care. At the end of the 2-year trial, 169 of 194 Virta group participants consented to participate in a 3-year follow up up study. Outcomes 1.5 years into follow up (3.5 years since initial trial enrollment) were presented at ENDO 2020 (McKenzie AL et al. Journal of the Endocrine Society. 2020; 4(Supplement 1):SUN-LB113). “Diabetes-Specific Prescriptions” is defined as the total number of diabetes medications prescribed to the group, excluding metformin.

virta

Abstract: 3.5 Years link

Virta's published results show rapid and sustained improvement

	10 Weeks	1 Year	2 Years	3.5 Years
A1c Reduction (Points)	1.0	1.3	0.9	**0.6**
Diabetes-specific medications eliminated (%)	57%	63%	67%	**71%**
Weight Loss (%)	7%	12%	12%	**9%**

Completers analyses from: 1. McKenzie AL et al. JMIR Diabetes. 2017;2(1):e5. 2. Hallberg SJ et al. Diab Ther. 2018;9:583-612. 3. Athinarayanan SJ et al. Frontiers in Endocrinol. 2019;10:348.
Diabetes-specific medications exclude metformin as it is recommended for use in prediabetes and other conditions.

virta

Virta improves metabolic health beyond T2D over 2 years

		Standard Care	Virta
Metabolic Disease	A1c (%)	⬆️ 0.5	⬇️ **0.9**
	Weight	⬆️ 5%	⬇️ **12%**
	HOMA-IR	⬆️ 49%	⬇️ **32%**
Inflammation	hsCRP	⬇️ 13%	⬇️ **35%**
Cardiovascular	Systolic Blood Pressure	0%	⬇️ **5%**
	Diastolic Blood Pressure	0%	⬇️ **4%**
	Triglycerides	⬇️ 12%	⬇️ **22%**
Liver	NAFLD: Liver Fat Score	⬆️ 20%	⬇️ **74%**
	NAFLD: Fibrosis Score	⬆️ 75%	⬇️ **71%**
Kidney Function	Annual Rate of eGFR change	-0.68	**0.84**
Medication Changes	Patients on Diabetes-Specific Meds	⬆️ 18%	⬇️ **52%**
	Patients on Insulin	⬆️ 18%	⬇️ **62%**
	Patients on Blood Pressure Meds	⬆️ 11%	⬇️ **14%**

Two year outcomes.Athinarayanan SJ, Adams RN, Hallberg SJ, et al. Long-Term Effects of a Novel Continuous Remote Care Intervention Including Nutritional Ketosis for the Management of Type 2 Diabetes: A 2-year Non-randomized Clinical Trial. Frontiers in Endocrinology. 2019; 10:348. doi: 10.3389/fendo.2019.00348

virta

TYPE 2 DIABETES REVERSAL

State members see sustained clinical improvements at 90 days on Virta

	Average eA1c change	Medication Change	Weight Change
Virta [1] (n=306)	**-0.8** from 7.4 to 6.6% [1]	**-36%** 119 of 329 eliminated	**-5.1%** from 228.6 lbs to 216.9 lbs
Usual Care [2]	**+0.2**	**+7%**	**+0.6%**

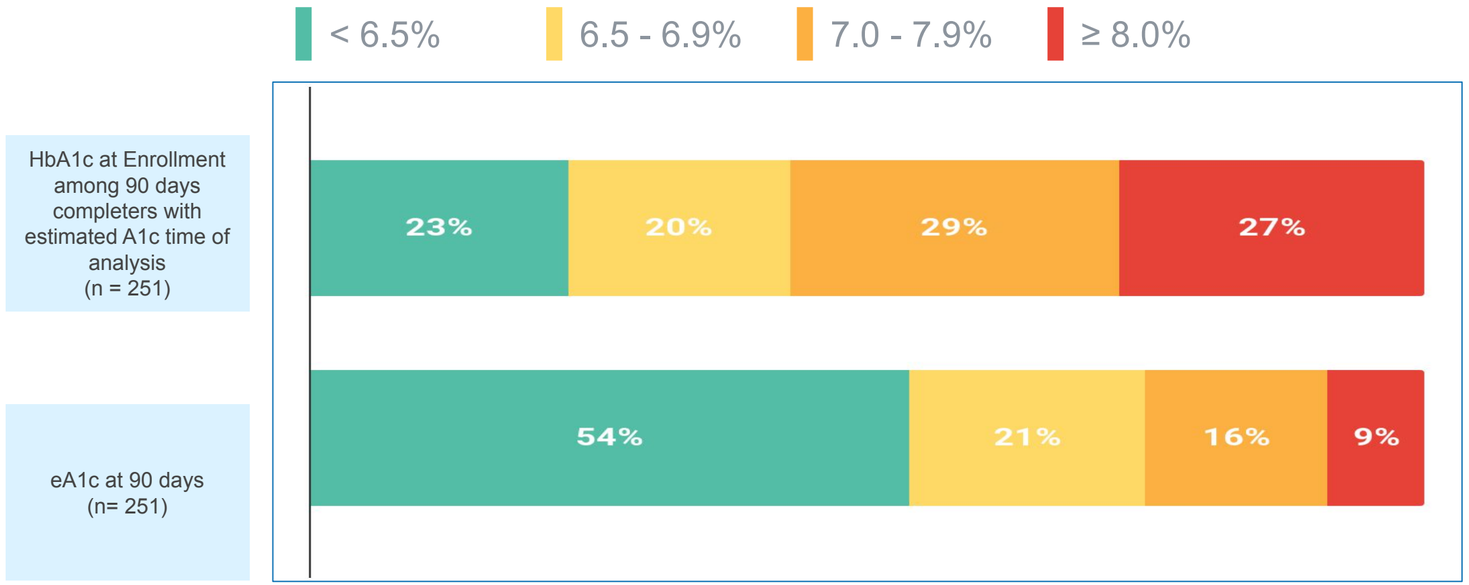
1. Virta internal EMR data for State patient population with type 2 diabetes enrolled ≥90 days at time of analysis (n=306). Results as of 6/21/2023. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each patient in the last 120 days. The median absolute error is 0.23. 26 patients do not have a calculated estimated A1c on the given day of measurement. Medication data includes all diabetes-related medication other than metformin. Patients prescribed multiple drugs within the same class are counted as one prescription and only considered eliminated when both drugs are de-prescribed.

2. Hallberg et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers. Metformin is excluded from diabetes-specific medications.

virta

TYPE 2 DIABETES REVERSAL

State patients are improving their blood sugar and eliminating diabetes-specific medications



Medication Change

-36%

119 of 329 of diabetes-specific medications eliminated

Usual Care: **7% increase** in T2D meds [3]

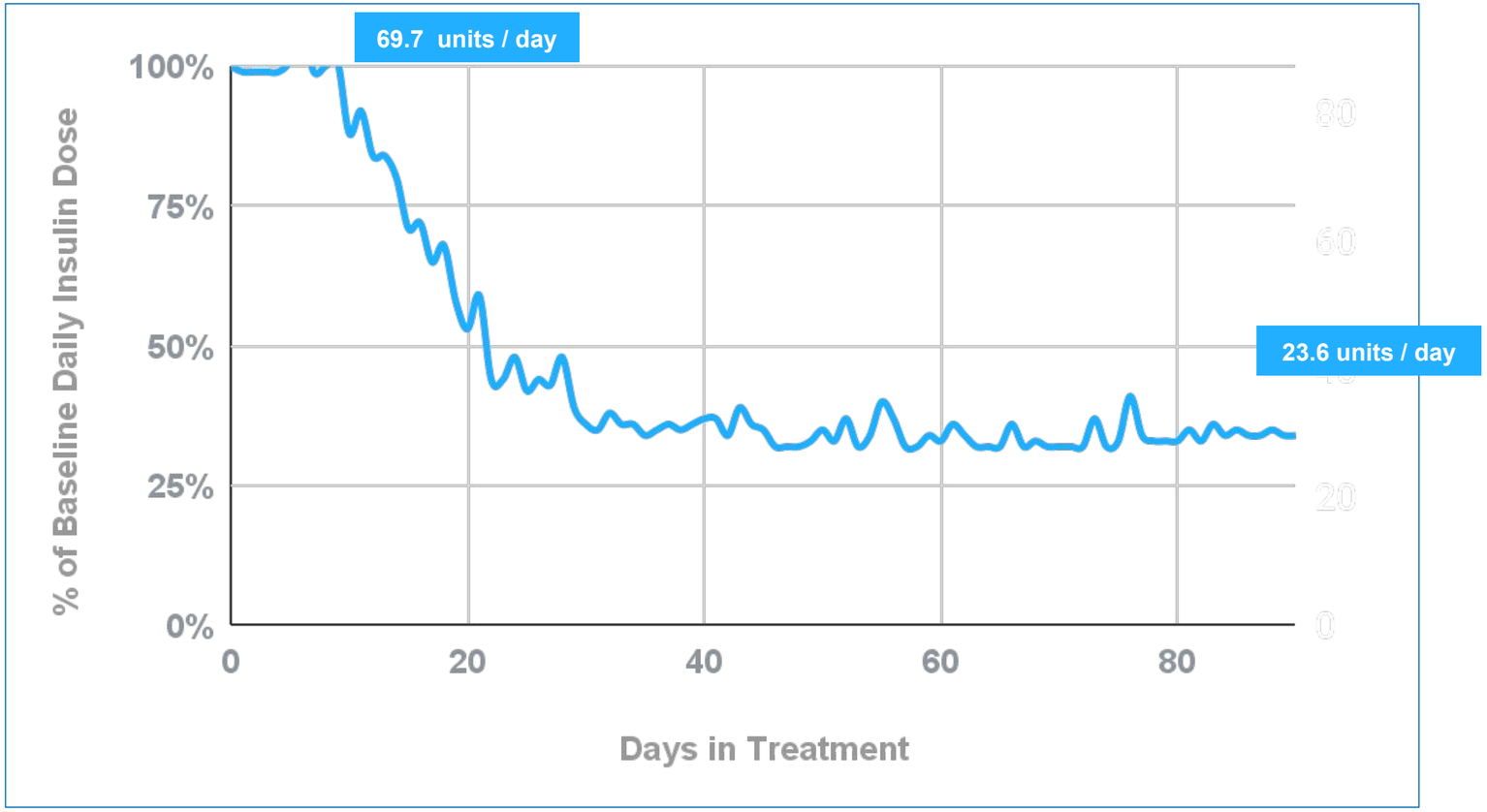
Virta internal EMR data for State patient population with type 2 diabetes enrolled ≥90 days at time of analysis (n=306). Results as of 6/21/2023. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each patient in the last 120 days. The median absolute error is 0.23. 26 patients do not have a calculated estimated A1c on the given day of measurement. Medication data includes all diabetes-related medication other than metformin. Patients prescribed multiple drugs within the same class are counted as one prescription and only considered eliminated when both drugs are de-prescribed.

virta

TYPE 2 DIABETES REVERSAL

State patients have reduced their insulin dosages by 66%, or 46 units/day

Usual Care: **16% increase** in insulin [2]



1. Virta internal EMR data for State patient population with type 2 diabetes enrolled ≥90 days at time of analysis (n=306). Results as of 6/21/2023.
2. Hallberg et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers.

Reducing insulin improves quality of life for patients

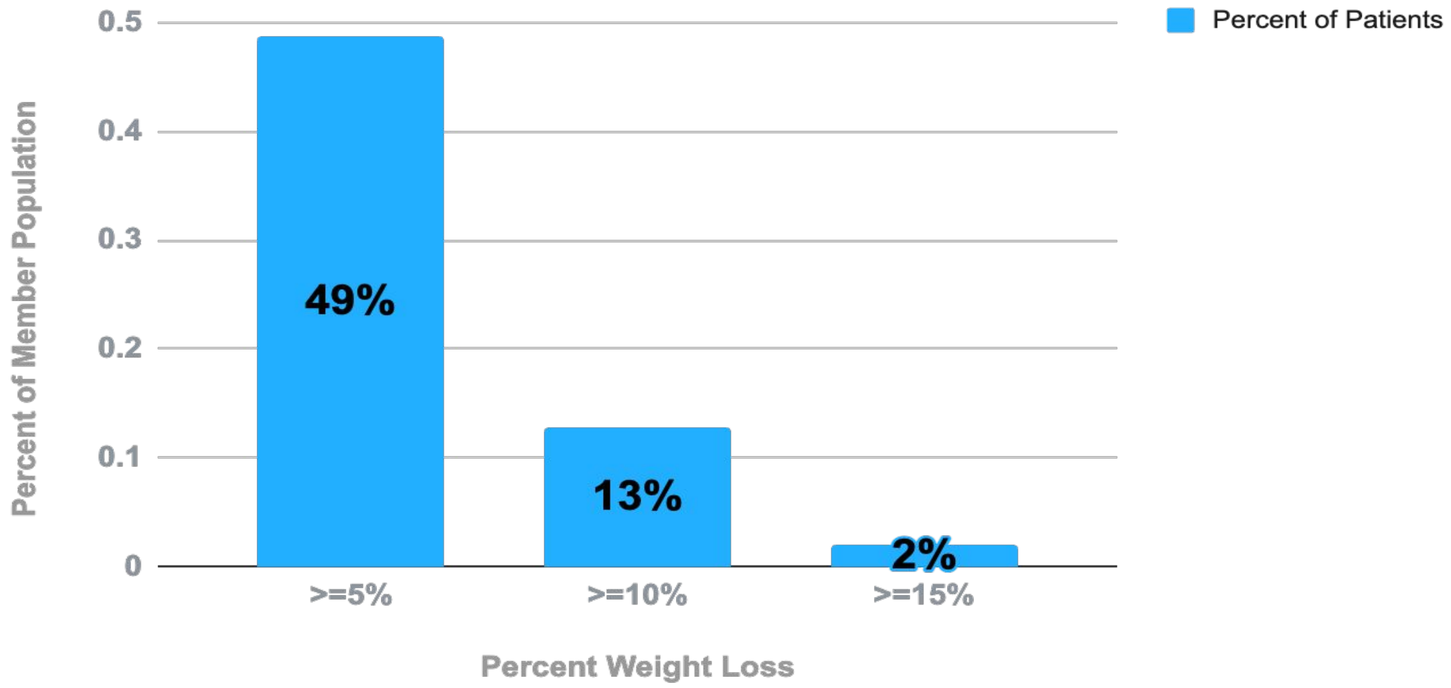
Such a blessing to have this program! In just a couple of weeks my average glucose levels have dropped into a range that I haven't seen in years. I'm down to 20 units of insulin a day and no longer taking any other diabetic medications. Thank you for supporting me and this program!!

- Virta Patient

TYPE 2 DIABETES REVERSAL

49% of State patients with type 2 diabetes have achieved clinically significant weight loss

Usual Care: **2 lbs Weight Gain** [2]



1. Virta internal EMR data for State patient population with type 2 diabetes enrolled ≥90 days at time of analysis (n=306). Results as of 6/21/2023. In the case of missing weight data, a 3-day average was carried forward until the next weight was logged.
2. Hallberg SJ et al. Diabetes Ther. 2018; 9(2): 583-612. Outcomes among one year completers.

Patients who lose clinically significant amount of weight (5%) typically experience:

- ✓ Better sleep
- ✓ Reduced inflammation
- ✓ Improved blood pressure
- ✓ Reduced risk of heart disease and other chronic conditions
- ✓ Positive impacts on arthritis and fatty liver disease

Virta is the only diabetes program in the market that saves more than it costs:

Peterson Health Technology Institute identifies Virta as the only solution recommended for adoption

virta

"Evidence supports broader adoption with ongoing evidence generation"

- ✓ Achieves statistically significant diabetes reductions (1.3% pt HbA1c)
- ✓ Superior results in secondary health effects (weight loss, cholesterol, liver profiles)
- ✓ Initial net increase in spend with potential for long term savings due to lower Rx spending

Omada | Glooko | Dario Health | Perry Health | Vida | Teladoc (Livongo) | Verily (Onduo)

"Current evidence does not support broader adoption"

- ✗ Does not achieve statistically significant diabetes reductions (<0.5% pt HbA1c)
- ✗ No significant changes in secondary health effects
- ✗ Net increase in spending but no potential for long term savings - current solutions pricing exceeds cost savings from avoided care

virta

Source: Peterson Health Technology Institute "Digital Diabetes Management Solutions Health Technology Assessment"

virta

2026 Pricing**

Diabetes Reversal

Safely deprescribe diabetes medications and return blood sugar to subdiabetic levels

$290 PPPM

Compared to $601 costs avoided per month per participant

100% fees at risk for A1c reduction, Rx cost reduction, & weight loss for the obese population in 1st year of contract

Prediabetes Reversal

Return blood sugar to sub-prediabetic levels and deliver clinically significant weight loss

$180 PPPM

Compared to $364 costs avoided per month per participant

100% fees at risk for weight loss for obese population in 1st year of contract

Obesity Reversal

Deliver clinically significant weight loss for patients struggling with obesity

$180PPPM

Compared to $334 costs avoided per month per participant

100% fees at risk for weight loss for obese population in 1st year of contract

Add On: Diabetes Management
Log blood sugar and provide app-based educational content

$93 PPPM

Diabetes reversal available a la carte. Diabetes Management only available with the purchase of all reversal services.
Note: All PGs require minimum of 50 attributed members (enrolled for 6 month). Obese population is attributed members with BMI >30

Virta Cost Savings Analysis: OPEH&W

Projections based on 8,000 total covered lives and State prevalence rates

	T2D Reversal		Diabetes Management		Sustainable Weight Loss	
Eligible Condition	Type 2 Diabetes		Type 1 and Type 2 Diabetes		Obesity / Overweight / Prediabetes (Excludes Type 2 Diabetes)	
Prevalence (% Eligible)	12%		12%		75%	
Projected Virta Enrollment	15%		15%		5%	
Number Enrolled	149		149		300	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Total Gross Savings	$885,000	$1,262,000	$177,000	$177,000	$925,000	$1,005,000
Cost of Virta	$518,000	$518,000	$166,000	$166,000	$647,000	$647,000
Net Savings	**$367,000**	**$744,000**	**$11,000**	**$11,000**	**$278,000**	**$358,000**
ROI	**1.7**	**2.4**	**1.1**	**1.1**	**1.4**	**1.6**
Net Savings at 2 years	**$1,111,000**		**$22,000**		**$636,000**	
ROI at 2 years	**2.1**		**1.1**		**1.5**	

	Virta	
	Year 1	Year 2
Total Gross Savings	$1,987,000	$2,444,000
Cost of Virta	$1,331,000	$1,331,000
Net Savings	**$656,000**	**$1,113,000**
ROI	**1.5**	**1.8**
Net Savings at 2 years	**$1,769,000**	
ROI at 2 years	**1.7**	

Virta delivers incremental $10,000+ pp in “soft savings” over 2 years

$1,150

Estimated Patient Out of Pocket Savings

Average estimated savings for Virta patients starting on Rx other than metformin and T2D medication deprescription over 2 years.[1] Actual savings will vary depending on baseline medication usage.

$5,500

Estimated Value of Services Included with Virta

Two-year estimate based on annualized payor cost for services that Virta provides, such as remote monitoring and provider interaction[2]

$3,650

Estimated Value of Reduction in Absenteeism

Calculated from productivity gains over 2 years, associated with improved HbA1c[3]

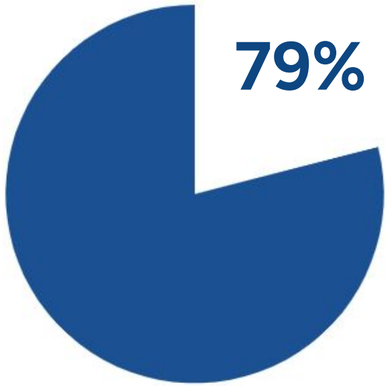
Virta Health Actuarial Model available upon request

1. Savings estimated for patients who start on T2D medication other than metformin.
2. Internal estimates used for illustrative purposes. Actual services provided vary by patient depending on level of care needed.
3. Baseline HbA1c was laboratory measured. In the absence of follow up laboratory data, eA1c is derived from a proprietary model which estimates A1c on each day based on baseline information and actual biomarker data recorded on each patient in the last 120 days. The median absolute error is 0.23. 2017-18 NHANES data is used to for linkage between A1c and limitation to work.

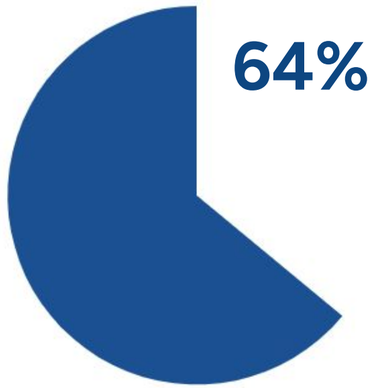
virta

Virta members report improved energy and reduced absenteeism as side benefits of Virta

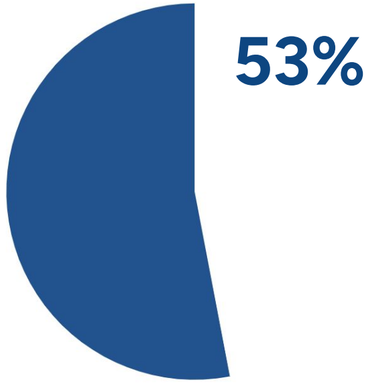
From a survey of Virta members with over 1200 respondents:



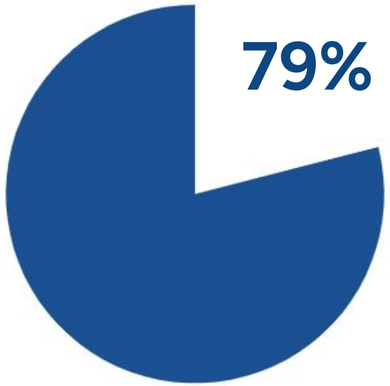
Report having **more energy** on Virta



Report feeling **more productive** at work



Take **fewer days off** due to health reasons



Feel valued as an employee because their company offers Virta

Virta internal survey with 1402 Virta patient respondents, Aug 2022. Between 1260-1270 patients responded to this series of questions

virta

Virta delivers estimated $1.5+ million in “soft savings” over 2 years for your population

$10,300

per person “soft savings” estimated over 2 years

x

149 members

estimated members enrolled in Virta over 2 years*

=

$1.5+ million

estimated gross “soft savings” generated over 2 years

“My focus and energy toward my work have also increased my productivity; I am able to accomplish more each day.” - Current Virta Patient

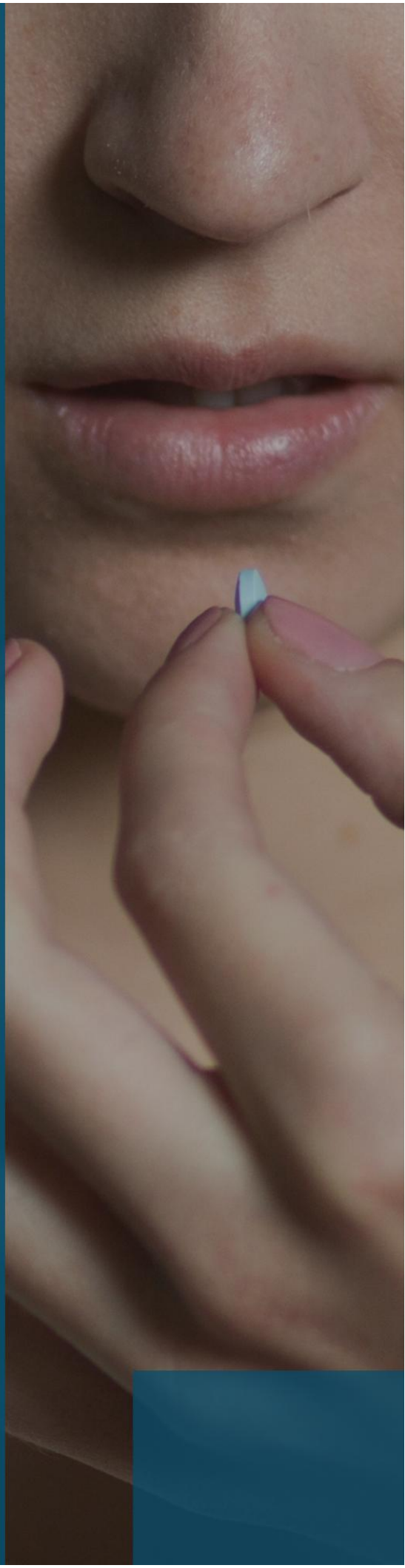
*Does not include patients only on metformin

virta

scriptsourcing

YOUR HEALTH PLAN HAS A SERIOUS DRUG PROBLEM

IT'S TIME TO TAKE CONTROL OF YOUR RX SPEND.



RX SAVINGS ANALYSIS

SCRIPTSOURCING LLC
RX SOLUTIONS | EXPERT RISK MANAGEMENT

www.scriptsourcing.com

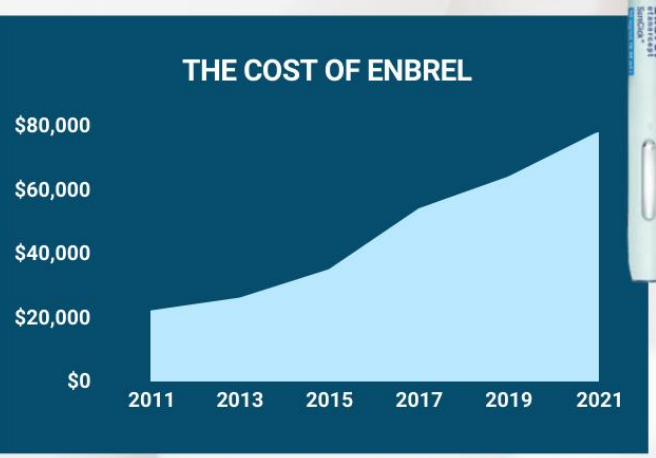
scriptsourcing

OVERDOSING
ON PRESCRIPTION DRUG COSTS

The **Mayo Clinic** and **Olmsted Medical Center** researchers have shown that nearly **70% of Americans** are on **at least one** prescription medication, and more than **50% are on two.**

Who is covering the cost?

25% of all healthcare spending goes toward **prescription medications**, and **80%** is on **name-brand drugs.**



OUTRAGEOUS PRESCRIPTION PRICES

- Name-brand medications are increasing at a rate of **13% per year.**
- Over the past four years, the top 50 generic medications have **increased by 373%.**
- New arrival **Hepatitis C** specialty medications cost **$1,150 a pill**.
- Specialty medications account for **50%** of total drug expenditures.
- Medication non-adherence and **pill skipping** have become a growing **epidemic.**
- **20% of all hospitalizations** are the result of **medication non-adherence.**

scriptsourcing

INTERNATIONAL PHARMACY PROGRAM (IPP)

- $0 Rx Copays
- 1,000 + Medications
- $0 Shipping & Handling
- Member Advocates

Consumers in the United States pay up to **16 times more** than in other countries for the same name-brand medications.

Our international pharmacy management firm has been sourcing these medications for employers **over the past two decades without incident.**

ScriptSourcing sources these medications through tier-one countries with the **same or higher standards as the FDA.**

SAFETY PROTOCOLS

- ☑ All medications are factory packaged and sealed
- ☑ Medications must be FDA approved
- ☑ Medications are shipped in a 90-day supply
- ☑ We do not source narcotics
- ☑ Members will be contacted directly for quarterly reorders
- ☑ All pharmacies are inspected and maintain pharmacists onsite

scriptsourcing

MANUFACTURER'S ASSISTANCE PROGRAM (MAP)

- $0 Rx Copays
- High-Cost Specialty Meds
- Directly from the Manufacturer
- MAP Advocacy Team

Many factors contribute to the continuing increase in the price of specialty drugs. **Development** of specialty drugs not only **costs more**, but they also take **longer to develop** than other large market pharmaceuticals. In addition, there are often **fewer drug choices** for rare or hard-to-treat diseases.

ScriptSourcing can source name-brand specialty medications through our MAP program, providing health plan members with their **medications at no cost.**

We walk plan members **step by step** to navigate and apply for these programs. The member will be **approved for the program annually** and contacted by our advocates for renewal.

SAFETY PROTOCOLS

- ☑ All medications are sourced directly from the manufacturer
- ☑ Medications must be **FDA approved**
- ☑ Members will be contacted directly for yearly reorders
- ☑ Members are provided a 60 day override with a $0 copay during the application process

EMPLOYER RX ANALYSIS

RX ANALYSIS & SAVINGS SUMMARY

OPEH&W HealthPlan
Making Healthy Cheaper

Summary

Group Name :	Oklahoma Public Employees Health and Welfare
Date range :	7/1/2024 To 6/30/2025
Number of scripts :	48
Total Rx spend :	$11,766,222

Saving Opportunity per Program

RX Spend on IPP Eligible Medications :	$11,026,191
Rx Spend on MAP Eligible Medications :	$1,378,794

scriptsourcing

EMPLOYER RX ANALYSIS

OPPORTUNITY LIST

OPEH&W HealthPlan
Making Healthy Cheaper

Med Name	Dosage	Spend	MAP	IPP	Approximate % Savings IPP
MOUNJARO		$2,408,640		Yes	40%
OZEMPIC		$1,380,977		Yes	52%
RINVOQ		$681,974		Yes	55%
TALTZ		$482,113		Yes	47%
JARDIANCE		$422,860		Yes	61%
SKYRIZI		$418,773		Yes	67%
ELIQUIS		$350,814		Yes	60%
ENBREL SURECLICK		$314,983	Yes	Yes	50%
STELARA		$291,615	Yes	Yes	62%
FARXIGA		$290,759		Yes	72%
DUPIXENT		$273,868	Yes	Yes	62%
TRULICITY		$256,776		Yes	35%
HUMIRA		$255,694		Yes	41%
PROMACTA		$242,050		Yes	49%
VUMERITY		$205,761	Yes	Yes	85%
XELJANZ XR		$195,598		Yes	50%
ORENCIA CLICKJECT		$187,785		Yes	38%
SKYRIZI		$178,804		Yes	67%
XTANDI		$175,206		Yes	56%
TASIGNA		$125,997		Yes	74%
RYBELSUS		$122,777		Yes	60%
MAYZENT		$118,767		Yes	55%
TRELEGY		$117,715		Yes	64%

scriptsourcing

EMPLOYER RX ANALYSIS

OPPORTUNITY LIST

OPEH&W HealthPlan
Making Healthy Cheaper

Med Name	Dosage	Spend	MAP	IPP	Approximate % Savings IPP
NURTEC		$115,001		Yes	91%
QULIPTA		$114,653		Yes	25%
COSENTYX		$114,268		Yes	50%
ENTRESTO		$102,275		Yes	53%
JANUVIA		$101,520		Yes	61%
KESIMPTA		$101,416		Yes	44%
ZEPOSIA		$101,231		Yes	49%
LENVIMA		$99,402	Yes	Yes	67%
UBRELVY		$97,500		Yes	42%
CABOMETYX		$97,047	Yes	Yes	56%
OTEZLA		$96,118	Yes	Yes	52%
TAGRISSO		$86,785		Yes	44%
VRAYLAR		$83,977		Yes	69%
TRESIBA		$75,794		Yes	50%
TOUJEO		$75,666		Yes	41%
LINZESS		$63,232		Yes	61%
Total		$11,026,191	$1,378,794	$11,026,191	$5,749,080

Based on data from 7/1/24 to 6/30/25

scriptsourcing

EMPLOYER RX ANALYSIS

MAP SAVINGS SAMPLING

OPEH&W HealthPlan
Making Healthy Cheaper

Med Name	Employee Paid	Plan Paid	Total
ENBREL SURECLICK	$62,787	$252,196	$314,983
STELARA	$17,736	$273,879	$291,615
DUPIXENT	$68,072	$205,796	$273,868
VUMERITY	$21,192	$184,569	$205,761
LENVIMA	$0	$99,402	$99,402
CABOMETYX	$29,114	$67,933	$97,047
OTEZLA	$10,679	$85,439	$96,118
Total	**$209,580**	**$1,169,214**	**$1,378,794**

Based on data from 7/1/24 to 6/30/25

scriptsourcing

TOP 20 MEDICATIONS
SOURCED IN 2025

1. STELARA
2. DUPIXENT
3. ENBREL
4. COSENTYX
5. HUMIRA
6. SKYRIZI
7. TREMFYA
8. JARDIANCE
9. OTEZLA
10. OZEMPIC
11. ELIQUIS
12. RINVOQ
13. FARXIGA
14. TRULICITY
15. BIKTARVY
16. KESIMPTA
17. RYBELSUS
18. PROMACTA
19. XARELTO
20. SPRYCEL

scriptsourcing

SAMPLE INVOICE

scriptsourcing

ScriptSourcing, LLC
6080 Falls Road
Suite 201
Baltimore, MD 21209

Terms	Date	Due Date	Invoice #
Net 30	7/29/2022	08/13/2022	11261

INVOICE

Pharmaceutical Items

Date of Service	Member Name (ID)	Item Name	Dosage	Qty.	Days Sup.	MAP /IPP	PBM Cost	SS Cost	Savings	Amt. Due
07-05-22		Flovent HFA	44mcg (50mcg)	3	90	IPP	$586.38	$268.74	$317.64	$348.15
07-08-22		Ozempic	0.25mg/dose and 0.5mg/dose	2	84	IPP	$1,759.69	$857.49	$902.20	$1,083.04
07-08-22		Lamictal	100mg	720	90	IPP	$11,493.13	$1,993.72	$9,499.41	$4,368.57
						Totals:	**$13,839.20**	**$3,119.95**	**$10,719.25**	**$5,799.76**

% % Savings: 77.46%

Invoice Total Amount Due:	$5,799.76
Previous Balance:	$1,147.38
Total Amount Due:	$6,947.14

Make Check Payable to "ScriptSourcing, LLC"

Payment Methods

ACH
Company: ScriptSourcing
Account # 123456789123
Routing # 55555555
Bank: Bank of ScriptSourcing

By Mail
ScriptSourcing, LLC
6080 Falls Road
Suite 201
Baltimore, MD 21209

Send all remittance details to invoicing@scriptsourcing.com

Amount Due = SS Cost + (PBM Savings x 25%)

Savings Analysis as of 7/29/2022

1st. Script Date: 01/24/2017

242	# Scripts Sourced YTD	YTD Savings	$878,663.56
58	# Members Served YTD	Total Savings Since Inception	**$4,990,084.03**
1439	# Scripts Sourced Since Inception	Savings per Script Since Inception	$3,467.74
129	# Members Served Since Inception	Savings per Member Served Since Inception	$38,682.82

MEMBER ENGAGEMENT

MEMBER OUTREACH

- ☑ Member Advocates
- ☑ Customizable Flyers
- ☑ HTML Email Campaigns
- ☑ Explainer Videos
- ☑ HR Coordination
- ☑ Postcard Campaigns
- ☑ Lunch & Learn Webinars
- ☑ Digital Collateral Library
- ☑ Benefit Guide Inserts
- ☑ Med-Finder Tool
- ☑ Enrollment Link

scriptsourcing

Our mission is to help members **better adhere** to their maintenance **medications** while driving massive savings to the plan sponsor.

We want to provide a culture of **happier, healthier,** and **more productive** employees.

We help make people's lives better.

CONTACT US

Phone: 410-902-8811
Email: save@scriptsourcing.com
www.scriptsourcing.com

ScriptSourcing LLC

3301 Bonita Beach Rd Suite 106,
Bonita Springs, FL 34134

PROPOSED

Board of Trustees By-Laws

As Adopted: 00/00/0000

Outstanding Items:

a. Add ratification language.
b. Add signature page
c. Define grandfathering of existing trustees
d. Rewrite B.1.b to use percentages
    a. Percentage of members (E,R,C&S's) as of X date, by group type
        i. Group Types: Counties, Municipalities, School Districts, Other
    b. 1 Trustee seat, for every 6.6% of total membership
        i. With a minimum of one (1) seat each for Counties, Municipalities & Other

A. Powers & Duties

To manage the OPEH&W Health Plan, the Board of Trustees and may:

1. Prepare specifications, request bids and enter contracts for the purpose of underwriting, administering or providing any part or all the OPEH&W Health Plan, policies or services on behalf of and with participating agencies.
2. Determine rates, risks, benefits and terms of any coverage, policies or services, and adjust rates and benefits based on claim experience.
3. Provide for underwriting or other agreements for participating organizations, policy or service; serve as the policyholder of any group policy or coverage; determine the methods of claim administration and payment; and provide for claim experience for the participating organizations collectively or separately.
4. Determine the contribution amount or appropriation required from participating organizations for participation and as necessary to follow policy and to provide established services.
5. Establish standards of eligibility for participating organization and employees in any coverage, policy or service; including procedures for enrollment and withdrawal from any coverage, policy or service; and establish effective dates of coverage.
6. Provide for administration and manner of payment of funds for all expenses concerning the coverage, policies or services which may be established; and establish procedures for safekeeping, handling, and investing such fund(s) and any monies received or paid.
7. Establish the duties and records of the Plan Administrator to enable the correct billing of premiums and fees, enrollment of participating organizations and their employees, and payment of claims.
8. Serve as an appeal body for complaints of participating organizations and their employees and establish procedures for grievances of participating organizations and employees.
9. Study the operation of the coverage, policies or services, gross and net costs, administrative costs, benefits, utilization of benefits and claims administration.
10. Incur expenses, acquire and hold property, and enter into agreements necessary to accomplish the purposes of the Inter Local Government Agreement.
11. Exercise risk management practices pursuant to preservation of capital, protection of data and to ensure business continuity. Accordingly, the Board of Trustees authorizes the Plan Administrator to procure a Directors E&O Policy providing coverage for the Trustees.
12. Retain General Counsel who is responsible to the Board for providing advice concerning compliance with state statutes including, but not limited to, the Open Meetings Act, Open Records Act, The Interlocal Cooperation Act, current State Auditor and Inspector reports, and the State Ethics Commission.
13. At all times while acting on behalf of the OPEH&W Health Plan, the conduct of the Board shall be subject to the OPEH&W Health Plan Code of Conduct, the OPEH&W Health Plan Conflict of Interest Policy, and the OPEH&W Service Provider Bill of Rights; copies of which are incorporated respectively as Appendix 1, Appendix 2 and Appendix 3.

B. Form

1. Size:
    a. Fifteen (15) members of the Board of Trustees.
    b. A minimum of X must be from participating counties.
    c. A minimum of X must be from participating municipalities.
2. Quorum:
    a. Eight (8) members will constitute a quorum.
    b. All official action taken by the Board shall only be deemed valid with eight (8) or more votes in favor, regardless of the number of Trustees present.
3. Term:
    a. Trustees are elected for a term of five (5) years.
4. Term Limits:
    a. There are no term limits.
5. Eligibility:
    a. Trustees from a county must be an elected official from that county.
    b. Trustees from a municipality must be a mayor or city manager from that municipality.
    c. Trustees from a school district must be a superintendent from that school district.
    d. Trustees from any other participating organization must be an official from that participating organization.
6. Election:
    a. Shall be filled by a vote of the Board of Trustees by simple majority.
7. Vacancies During Term:
    a. Shall be filled by a vote of the Board of Trustees by simple majority for the balance of the term which has been vacated.
8. Compensation:
    a. Trustees serve without compensation.

C. Officers

1. Positions:
    a. The board shall have three (3) designated officer positions, filled by Trustees:
        i. Chair
        ii. Vice-Chair
        iii. Secretary
2. Term:
    a. Officers shall serve a term of three (3) years.
3. Term Limits:
    a. There are no term limits.
4. Election:
    a. Shall be filled by a vote of the Board of Trustees by simple majority.
5. Vacancies During Term:
    a. Shall be filled by a vote of the Board of Trustees by simple majority for the balance of the term which has been vacated.

D. Meetings

1. All Meetings:
    a. Attendance:
        i. Each Trustee should attend all scheduled regular and special meetings of the Board, unless otherwise excused by the Board.
        ii. The Chair of the Board will contact each member whose attendance falls below the criteria to ask them to carefully consider whether the interests of the OPEH&W Health Plan will be best served if they continue to hold the office of Trustee.
2. Regular Meetings:
    a. Shall conform to the requirements of the Open Meeting Act.
    b. Shall hold a minimum of four (4) regular board meetings per calendar year.
3. Annual Meetings:
    a. The annual meeting of the Board shall be in January.

E. Nominations, Elections & Vacancies

1. Prior to March 1 of each year, the Plan Administrator shall give notice by first class mail to the designated board representative contact of each participating organization, that vacancies on the Board of Trustees will occur on July 1.
    a. The notice shall state:
        i. The number of offices to be filled.
        ii. That the participating organization may nominate one (1) candidate for each vacancy to be filled.
        iii. That the nomination form must be signed by the Board of County Commissioners if the organization is a County, by the mayor and attested by the clerk if the organization is a Municipality, or the leading individual of any other organizational type.
        iv. That completed nomination form shall be returned no later than March 16 by: (1) Sending a facsimile of the form to the OPEH&W Health Plan; (2) sending the form to a designated OPEH&W Health Plan recipient as an attachment to an email; or (3) sending the OPEH&W Health Plan the form by certified mail.
    b. The nomination form furnished to the participating organization shall provide:
        i. The name of the participating organization.
        ii. The name and title of the nominee.
        iii. A biographical sketch of not more than fifty (50) words.
        iv. The signature of by the Board of County Commissioners if the organization is a County, by the mayor and attested by the clerk if the organization is a Municipality, or the leading individual of any other organizational type.
    c. At the April meeting of the Board, the Trustees shall consider the nominations and determine the eligibility of those nominees conform with the requirements of these By-Laws.
    d. The Plan Administration shall mail a ballot containing the names of the nominees determined to be eligible to all participating organizations prior to May 1. Such ballot shall state the number of votes that are to be cast and shall list the names of the nominees with their biographical sketch(es).
    e. The ballot, signed by the Board of County Commissioners if the organization is a County, by the mayor and attested by the clerk if the organization is a Municipality, or

the leading individual of any other organizational type, shall be returned no later than May 31 to the OPEH&W Health Plan by: (1) sending a facsimile of the ballot to the OPEH&W Health Plan; (2) sending the ballot to a designated OPEH&W Health Plan recipient as an attachment to an e-mail; or (3) sending the OPEH&W Health Plan the ballot by certified mail.

f. During the August meeting of the Board, the Trustees shall canvass the votes cast. The nominee receiving the largest number of votes shall be considered elected to the office of Trustee, and if more than one Trustee is to be elected, the nominee with the next largest number of votes being then next elected, and so on until all vacancies have been filled.
g. Should two or more nominees receive an equal number of votes when only one or more but less than all nominees receiving an equal number of votes can be elected, the nominee to be elected shall be determined by a drawing of lots.
h. The results of the elections will be mailed to all participating organizations.
i. Vacancies on the Board shall be filled by a vote of the Board of Trustees by simple majority for the balance of the term which has been vacated.

F. Training

1. New Trustees: The Plan Administrator will conduct a training program for any newly elected Trustee, to occur prior to the next regular board meeting following their election.
2. Existing Trustees: The Plan Administrator will conduct an annual training program for all existing Trustees, to occur during the August regular board meeting.
3. The training program will provide each Trustee with the latest version of the OPEH&W Health Plan's – Trustees Manual, and must, at a minimum, cover the following topics:
    a. Organizational Governance
    b. Structure
    c. Financial Operations
    d. Administrative Operations
    e. Legal & Fiduciary Responsibilities
    f. Actuarial Studies
    g. Audits
    h. Investment Policy
    i. Underwriting Policy
4. Registration, tuition or other fees resulting from participation required training programs shall be paid for by the OPEH&W Health Plan, if the Board has approved such training program.
5. All other expenses directly related to participation in a required training program, including transportation, lodging, meals and other necessary expenditures, shall be paid by the OPEH&W Health Plan according to Expenses & Travel Costs section of these By-Laws.

H. Reporting to the Board

1. It is the duty of Plan Administrator, consultants and service providers to keep the Board of Trustees informed of all activities that impact the Board in its role as management and fiduciaries of the OPEH&W Health Plan. Board members are entitled to access all records and reports maintained by or for the benefit of the OPEH&W Health Plan.
2. Many reports are formally presented to the Board as part of its meeting deliberations. Ad hoc reports may also be presented to the Board in writing at the Plan Administrators direction.
3. An operations summary report is prepared by the Plan Administrator for consideration at regular board meeting. This report will condense and compares a wide variety of financial and participant data plus statistical detail of many facets of internal operations and OPEH&W Health Plan activity. The operations summary is intended to be a comprehensive report covering all areas of the OPEH&W Health Plan's activities to assist the Board in evaluating the implementation and status of such activities.

Appendix 1
Code of Conduct

This Code of Conduct shall apply to the OPEH&W Health Plan Board of Trustees (Board) and its agents, whether directly employed or under contract, to ensure that business is conducted in a manner that promotes trust. Accordingly, the Board adopts as policy the understanding that the OPEH&W Health Plan is:

1. Dedicated to the highest ideals of honor, integrity and due diligence so that our Board, employees and agents merit respect and public confidence in all its dealings.
2. Dedicated to the concepts of democratic, effective and efficient governance by responsible, knowledgeable elected and appointed officials with an understanding that decisions and actions taken are always made in the best interests of our members and participants.
3. Committed to the principle that the Board is responsible for establishing goals and objectives and in making policy decisions on behalf of the members and participants.
4. Committed to the principle that agenda items will be accompanied by information and advice relevant to the OPEH&W Health Plan policies as a basis for making decisions, and that said policies will be implemented and uphold all policies and decisions adopted by the Board.
5. Dedicated to the continual improvement of the professional abilities and expertise of the Board in matters relating to pool governance and pool management or administration.
6. Dedicated to the principle that the Board share a responsibility to communicate the OPEH&W Health Plan's objectives/activities/outcomes to its members and participants and will work to always ensure its quality and image.
7. Dedicated to the principle that all matters of procurement, personnel administration and outside contracting are administered based on merit, ensuring that fairness and impartiality govern all governance and management decisions.
8. Dedicated to the principle that matters of pool governance and/or pool management/administration cannot be bought or sold. No Board member should ever solicit a personal gift of any value from any third-party performing work on behalf of or in any way associated (or potentially associated) with the OPEH&W Health Plan.
9. Dedicated to the principle that conflicts of interest, (defined as situations in which a person has a duty to more than one person or organization and cannot do justice to the actual or potentially adverse interests of both parties) should be avoided and where present shall be fully disclosed. This includes situations when a Board member's personal interests (including those of his/her family) are contrary to their loyalty to the OPEH&W Health Plan.

Appendix 2
Conflict of Interest Policy

Purpose
To insure OPEH&W Health Plan Trustees are (1) independent and impartial in their decisions regarding the choice of vendors, suppliers or service providers; (2) to prevent a Trustee from inappropriately obtaining anything of value or a private benefit; (3) to prevent the appearance of a Trustee inappropriately obtaining anything of value or a private benefit; and (4) to make financial disclosures that demonstrate fair and equitable treatment is given to all OPEH&W Health Plan decisions, the following policy guidelines shall be observed:

Guidelines
1. Under no circumstances shall a Trustee vote for or do official business with a vendor, supplier or service provider in which the Trustee has a financial interest either directly or indirectly through a spouse or any person related within the third degree by affinity or consanguinity (i.e. parents, grandparents, great-grandparents, uncles, aunts, brothers, sisters, children, grandchildren, great-grandchildren, nephews and nieces, either of employee or their spouse) to a Trustee.
2. No OPEH&W Health Plan Trustee may accept “anything of value or private benefit.” For this policy, “anything of value or a private benefit” means any gift or participation in any activity with a fair market value more than $50.
3. All OPEH&W Health Plan Trustees shall prepare and submit a Conflict-of-Interest Policy Report providing the following information about all gifts of $50 or less:
    a. Name of provider
    b. Description of activity/gift
    c. Date activity/gift was provided
4. However, when anything of value is provided to Trustees as a whole, nothing need be reported, although the thing of value may have been provided or sent in the name of an individual Trustee; for example, (1) when a law firm sends a seasonal fruit basket to an OPEH&W Health Plan attorney, but the fruit is placed in a common area for general consumption; or (2) when a third party administrator provides lunch for all OPEH&W Health Plan Trustees; or (3) when a service provider sends basketball tickets to an individual, but the tickets are made available to all employees through a drawing.
5. Further, “anything of value or a private benefit” does not apply to:
    a. Modest amounts of food and refreshments, such as soft drinks, coffee and donuts, offered other than as a part of a meal.
    b. Food and beverage consumed when participating in a charitable, civic or community event.
    c. Rewards or prizes awarded to attendees of an event open to the public.
    d. Any food, donation or prize provided at a meeting, conference or seminar by an exhibitor or sponsor, the cost of which is borne by the registration fee and made available to all registrants.

Filing the Conflict-of-Interest Policy Report
1. Statements must be filed by January 31 following the previous calendar year. Statements will be filed with the Plan Administration, and the Plan Administrator will make copies available to

the Trustees by the first regular Board meeting scheduled after January 31 of the following calendar year. An OPEH&W Health Plan Conflict of Interest Policy Report form is available and is to be used to report anything of value or a private benefit, as defined.

Frequently Asked Questions

1. **Q**: The OPEH&W Health Plan is in the process of awarding a contract and a Trustee is involved in the decision process. One of the bidders has offered to take the Trustee to a sporting event. Can the Trustee accept the invitation? **A**: Yes, if the total value of the ticket, transportation, food, etc., does not exceed $50, and it must be reported on the OPEH&W Health Plan Conflict of Interest Policy Report form.
2. **Q**: Is it permissible for a vendor to buy a Trustee lunch? **A**: Yes, if the value of the lunch does not exceed $50, and it must be reported on the OPEH&W Health Plan Conflict of Interest Policy Report form.
3. **Q**: Is it permissible for a Trustee to attend a training trip or a site visit at a vendor's expense? **A**: Maybe. If the training or site visit is included in the contract with the vendor and the trip was anticipated at the time the contract was advertised and awarded, then the trip is appropriate. Otherwise, only if the cost of the training or site visit does not exceed $50, and it must be reported on the OPEH&W Health Plan Conflict of Interest Policy Report form.
4. **Q**: If a Trustee attends a conference and wins a door prize that would be for personal benefit (i.e. television, stereo, cash prize, portable electronic, etc.), is it acceptable for the Trustee to accept and keep the door prize if the Trustee's name is drawn? **A**: Yes.
5. **Q**: If a vendor offers a Trustee an event ticket (football game, concert, etc.), may the Trustee write a check to the vendor for the face value of the ticket so that the Trustee may attend the event? **A**: Yes, if the Trustee pays face value for the ticket. If the face value of the ticket is $50 or less the Trustee does not have to pay for the ticket, and it must be reported on the OPEH&W Health Plan Conflict of Interest Policy Report form.

Appendix 3
Service Provider Bill of Rights

1. The Oklahoma Public Employees Health & Welfare Plan (OPEH&W Health Plan) has established standards that service providers should expect when serving the OPEH&W Health Plan and its members. The basic rights that a service provider should expect while providing services to the OPEH&W Health Plan include the following:
    a. To be consistently treated with dignity, respect, and professionalism.
    b. Gifts, perks or other benefits to the OPEH&W Health Plan's Board of Trustees or staff members (or any person or organization associated with them) are not a condition for doing business with the OPEH&W Health Plan.
    c. To receive fair and equitable treatment in the procurement process. Every competitive bidding process should be open, well defined and transparent. The OPEH&W Health Plan recognizes that there is a direct cost to the service provider in preparing every service proposal.
    d. To have a written service agreement with the OPEH&W Health Plan, specifying all terms and conditions of the contractual relationship.
    e. To only provide services contained within the scope of the service agreement.
    f. To be paid in a timely manner for services rendered in accordance with the provisions of the service agreement.
2. By establishing these standards, it is not the intention of the OPEH&W Health Plan to become an arbitrator for contract disputes between a service provider and the OPEH&W Health Plan members.