Exhibit 1.0(A)

State of New York
Department of Civil Service
Albany, NY 12239

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION

MWBE-100 (9/2011)

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name: OptumRx, Inc.	Federal Identification No.: 33-0441200
Address: 1600 McConnor Parkway	Solicitation No.: RX 2018-1
City, State, Zip Code: Schaumburg, IL 60173-6801	M/WBE Goals for the Solicitation: MBE: [redacted] WBE: [redacted]

1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.S	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies
[redacted]	NYS ESD Certified ☐ MBE ☐ XWBE	[redacted]	[redacted]	[redacted]
[redacted]	NYS ESD Certified ☐ X MBE ☐ WBE ☐ ☐	[redacted]	[redacted] ☐ ☐	[redacted]

6. WAIVER REQUESTED: MBE: YES / X NO If YES, submit form MWBE101 / WBE: YES X NOIf YES, submit form MWBE101

PREPARED BY (Signature): DCS REDACTION [redacted]	TELEPHONE NO.: 800-282-3232	EMAIL ADDRESS pbmsales@optum.com
NAME AND TITLE OF PREPARER (Print or Type): John Prince, OptumRx, Inc.-CEO ☐ ☐		
DATE: 6/27/18 Offeror's Certification Status: MBE WBE		

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FIUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

**********FOR DEPARTMENT USE ONLY**********

REVIEWED BY: DATE: ☐ ☐

UTILIZATION PLAN APPROVED: ☐ YES ☐ NO Date:____

MBE CERTIFIED: ☐ YES ☐ NO

WBE CERTIFIED: ☐ YES ☐ NO

WAIVER GRANTED: ☐ YES ☐ NO

Total Waiver ☐ Partial Waiver ☐

NOTICE OF DEFICIENCY ISSUED: YES NO

Date: _____