NEW YORK STATE INSURANCE FUND - M/WBE UTILIZATION PLAN

Exhibit 1.O(B)

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 supplies and/or services to be provided by each Minority and Women-owned Business Enterprise (M/WBE) identified by the Offeror. Attach additional sheets if necessary.

Offeror's Name: OptumRx, Inc.
Address: 1600 McConnor Parkway
City, State, Zip Code: Schaumburg, IL 60173-6801

Federal Identification No.: 33-0441200

Solicitation No.: RX 2018-1
M/WBE Goals in the Contract: [redacted]

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

6. WAIVER REQUESTED: MBE:_____YES XNO IF YES, submit form MWBE101 / WBE:_____YES XNO IF YES, submit form MWBE101

DCS REDACTION

PREPARED BY (Signature): [redacted]

DATE: June 27, 2018 **Offeror's Certification Status:** MBE WBE

NAME AND TITLE OF PREPARER (Print or Type): John Prince, OptumRx, Inc.-CEO

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 FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

TELEPHONE NO.: 800-282-3232

EMAIL ADDRESS: pbmsales@optum.com

******FOR NYSIF 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:_____

NOTICE OF ACCEPTANCE ISSUED: YES NO Date:_____