Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: **X** is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services **X** is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other [redacted]
[redacted]	
As of the date of the Offeror's Proposal, a subcontract **X** has ☐ has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.	
[redacted]	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
[redacted]	
[redacted]	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]
5. In the space provided below, Program Status:	
Active – Service is ongoing	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
[redacted]	

Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: X is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services X is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	X Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other [redacted]
[redacted]	
As of the date of the Offeror's Proposal, a subcontract X has ☐ has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.	
[redacted]	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
[redacted]	
[redacted]	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]
5. In the space provided below, Program Status:	
[redacted]	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
[redacted]	

Exhibit I.U.1 - Key Subcontractors or Affiliates

[redacted]

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: **X** is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services **X** is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
[redacted]	
As of the date of the Offeror's Proposal, a subcontract **X** has ☐ has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.	
[redacted]	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
[redacted]	
[redacted]	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]

Exhibit I.U.1 - Key Subcontractors or Affiliates

5. In the space provided below, Program Status:
Current
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:
[redacted]

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: **X** is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services **X** is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
[redacted]	
As of the date of the Offeror's Proposal, a subcontract **X** has ☐ has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.	
[redacted]	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	

Exhibit I.U.1 - Key Subcontractors or Affiliates

[redacted]	
Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]
5. In the space provided below, Program Status:	
Ongoing and in good standing	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
[redacted]	

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: **X** is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services **X** is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
[redacted]	
As of the date of the Offeror's Proposal, a subcontract **X** has ☐ has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.	
[redacted]	
In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.	
[redacted]	

Exhibit I.U.1 - Key Subcontractors or Affiliates

Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)	
1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]
5. In the space provided below, Program Status:	
Active	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
[redacted]	

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.
[redacted]	
The Offeror: **X** is ☐ is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services **X** is ☐ is not proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement	
[redacted]	
Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____
[redacted]	
As of the date of the Offeror's Proposal, a subcontract **X** has	

Exhibit I.U.1 - Key Subcontractors or Affiliates

☐ has not
been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.

[redacted]

In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.

[redacted]

Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)

1. Client:	[redacted]
2. Client Reference Name and Phone #	[redacted]
3. Program Title:	[redacted]
4. Program Start Date:	[redacted]
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	
[redacted]	

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	OptumRx, Inc.

[redacted]

The Offeror:

X is
☐ is not
proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services

X is
☐ is not
proposing to utilize the services of a subcontractor(s) to provide Program Services totaling $100,000 or more during the term of the 5 year agreement

[redacted]

Subcontractor's Legal Name:	[redacted]
Business Address:	[redacted]
Subcontractor's Legal Form:	**X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

Exhibit I.U.1 - Key Subcontractors or Affiliates

As of the date of the Offeror's Proposal, a subcontract

X has

☐ has not

been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Pharmacy Benefit Services.

In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.

Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)

1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
Active	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	