

**EXHIBIT A
COMPENSATION FOR SERVICES ADDENDUM**

**SECTION 1
COMPENSATION FOR VENDOR SERVICES**

Vendor shall provide the services set forth in this Agreement for the Benefit Plans issued and/or administered by United and identified by United (and agreed to by Vendor) as a Benefit Plan for which the services shall be provided. United shall pay Vendor a services fee (the “Monthly Fee”) according to the rates set forth in the table below.

Segment	Line of Business	Service	Service Type	Service Area *	Rate (\$)	Rate Type	ASO or Full Service
C&S	Medicaid	Kentucky HEALTH	Dental			PMPM	ASO

* If the Service Area listed above is left blank, the rate applies to all locations where United is authorized to do business, unless otherwise indicated.

“ASO” shall mean any Benefit Plan for which (a) Vendor is responsible only for providing administrative services in connection with the Benefit Plan and (b) Payor is fully responsible for the cost of any services or supplies that a Member receives for Covered Services from a Participating Provider.

“Full Service” shall mean any Benefit Plan for which Vendor is responsible for providing administrative services and is financially responsible for the cost of Covered Services covered by this Agreement.

**SECTION 2
PAYMENT TERMS**

2.1 Standard Payment Terms

United shall pay all Monthly Fees on or before the fifteenth (15th) business day of the month following service. United shall calculate Monthly Fees using an estimate of the number of Members based on the then current information available to United for that month. United shall adjust a subsequent Monthly Fee to reflect the difference between the estimated and actual number of Members.

2.2 Settlement of Accounts

Settlement of each month’s balances due between the parties shall occur within ninety (90) days after the end of the month in which the amount owed becomes known. Notwithstanding this requirement, any more specific settlement terms in this Agreement

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IIPAS Contract ID: 6341-E

shall control, no matter if the settlement date is shorter than that set forth above, as long as the due date is specified.

2.3 Cost Sharing Reductions

With respect to any Service designated as a “Full Service” rate in Section 1 Compensation for Vendor Services, United shall pay to Vendor any cost sharing reduction payment that United has or shall receive pursuant to Section 1402 of the Patient Protection and Affordable Care Act of 2010 (as amended), to the extent that such cost sharing reductions are attributable to Covered Services for which the Vendor is financially responsible under this Agreement.

SECTION 3 COMPENSATION TO PROVIDERS

3.1 Compensation to Participating Providers.

So long as United has delegated Claims Administrative Services to Vendor:

- (a) For all ASO Benefit Plans, Vendor shall adjudicate and Payor shall pay a Participating Provider clean claim within thirty (30) days of receiving the clean claim.
- (b) For all Full Service Benefit Plans, Vendor shall adjudicate and pay a participating provider clean claim within thirty (30) days of receiving the clean claim or as may be set forth in the Provider Agreement.

In the event that United has not delegated Claims Administrative Services to Vendor for a Full Service Benefit Plan, Vendor shall adjudicate claims and be financially responsible for Covered Services; Payor shall pay a Participating Provider clean claim within thirty (30) days of receiving the claim based on adjudication by Vendor.

DBP - UHCKY AM04
IIPAS Contract ID: 6341-E