

FIRST AMENDMENT TO DEDICATED CLINIC AGREEMENT

THIS AMENDMENT is made this ____ day of _____, 2018 by and BayCare Aurora, LLC (“Aurora”) and **The City of Manitowoc and The Manitowoc Public School District** (the “Employer(s)”).

R E C I T A L S

WHEREAS, Aurora and Employers are parties to that certain Dedicated Clinic Agreement dated January 25, 2016 (the “Agreement”) pursuant to which Aurora dedicates the operation of an on-site clinic to be used by all employees and beneficiaries of the Employers’ health insurance plans; and

WHEREAS, the parties desire to amend the Agreement in the manner as set forth herein;

NOW, THEREFORE, in consideration of the mutual promises herein contained and other good and valuable consideration the adequacy and receipt of which are acknowledged, it is agreed as follows:

1. **Services and Fee Schedule.** The Services and Fee Schedule set forth in the original dedicated clinic agreement from 2016 and the amendment letters dated August 2017 is hereby amended and restated in its entirety as set forth on the revised Services and Fee Schedule attached hereto at Attachment 1.
2. **Exhibits.** The exhibits the original dedicated clinic agreement from 2016 and the amendment letters dated August 2017 is hereby amended and restated in its entirety as set forth in the revised Exhibits attached hereto in Exhibits A, B, C, D, E, and F.
3. **Contract Extension.** Both parties have mutually agreed to exercise the 2 year extension option pursuant to Section IV(A) of the Agreement. Accordingly the Term of the Agreement shall be extended to December 31, 2020.
4. **Effective Date of Services, Fee Schedule, and Exhibits Amendment.** The effective date of this Amendment shall be November 1, 2018. Upon execution by both parties, this Amendment, where applicable supersede any previously executed dedicated clinic service agreement terms or amendment.
5. Except as specifically amended herein, the Agreement shall continue in full force and effect and unmodified.

IN WITNESS WHEREOF, the parties have executed this Amendment as of the date first set forth above.

AURORA HEALTH CARE, INC.

CITY OF MANITOWOC

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

MANITOWOC PUBLIC SCHOOL DISTRICT

By: _____

Title: _____

Date: _____

Attachment 1

a. Dedicated Clinic Times and Health Services.

Aurora shall provide access to health care and wellness services at the dedicated clinic location and times set forth on Exhibit A ("Clinic"), including first aid, point-of-care laboratory tests, education, triage care, wellness services, assessments, referrals, and other similar primary and acute care, in accordance with Staff licensure (the "Patient Services"). The scope of the Patient Services, including the hours per week that shall be provided by the Staff at the Clinic, shall be set forth on Exhibit A. The Patient Services and times of the Clinic are subject to change upon the agreement of the parties.

- i. Aurora will provide the agreed-upon laboratory tests and vaccines listed on Exhibit B ("Lab Tests") to Patients. Exhibit B is subject to change by Aurora each January. All supplies associated with Lab Tests shall be stored and secured utilizing appropriate locked security devices.
- ii. Aurora shall provide all medical supplies necessary to perform the Patient Services (the "Supplies").
- iii. Aurora shall work with Associated Benefit Risk Consultants to implement an App based communication software, "BenefitCloud" for use by the client membership included in the clinic fee. Exhibit F
- iv. **Location and Hours of Operation**
Manty Health and Wellness Center
3509 Dewey Street
Manitowoc, WI 54220
Hours:
M-F 7am-5pm (7am-8am nursing and wellness services only)

MONTHLY UTILIZATION REPORTS

Aurora shall provide to Company a monthly utilization report of Patient use of the Clinic.

By July 31, 2019 Aurora deliver to the clients and the clients representatives an integrated report consisting of data, trends, outcomes within clinic, biometric, and Aurora health plan to identify improvements around goals and objectives of the organization in regards to healthcare costs. This project will be implemented and developed with the clients and client representatives.

Companies Obligations

MANTY CLINIC EMPLOYER PARTNERS

During the term of the agreement, employers of the clinic will allow Aurora BayCare Employer Services to solicit other clinic partners through the City of Manitowoc and Manitowoc Public School District’s broker. Prior to engaging or contracting with other services, existing partners will be made aware of this solicitation. No adverse costs or access issues will occur with the addition of new partners.

COMPENSATION AND BILLING

Companies agree that they shall compensate Aurora for the Patient Services at the rate of \$7 per member per month (Member being an individual that has access to the clinic). The membership totals will be evaluated monthly for membership increases and decreases.

	<u>Lives</u>	<u>\$7/PMPM</u>	<u>Monthly Change</u>	<u>Location fee</u>	<u>Staff Fee</u>	<u>Current Total</u>	<u>Yearly Savings PMPM</u>
MSP			\$		\$		
D	1590	\$ 11,130	(614.95)	\$382.95	11,362	\$ 11,745	\$ (7,379.4)
COM	720	\$ 5,040	(236.05)	\$172.05	\$ 5,104	\$ 5,276	\$ (2,832.6)

1. Primary Care & Acute Episodic Care by Advance Practice Provider /Nurse Practitioner/Physician Asst. (APP)

- Adult Physicals (18 years old and above)
- Sports Physicals (5 years old and above)
- *Pap Smears (NEW)*
- Pediatric physicals (2 years and older)- no childhood vaccines will be provided in the clinic
- Chronic Conditions that can/could be managed appropriately within the employer clinic:
 - ✓ Stable Asthma (meaning less than 2 flares per year/ER visits)
 - ✓ Stable Diabetes (A1C's less than 8)
 - ✓ Stable COPD (less than 2 hospitalizations per year and no Oxygen therapy)
 - ✓ Stable Hypertension managed on medication
 - ✓ High cholesterol/lipids –stable and on medication
- Acute Common Health Concerns
- Support Management of Chronic Health
- Blood pressure checks
- Health Coaching and Goal Setting by APP
- Body Mass Index (BMI) and body composition testing
- *Laceration care (limited simple suturing and “gluing”) (NEW)*

Clinic Services do not include:

- Care related to complex chronic conditions or care managed by another physician or provider.
- Concussions, other situations requiring urgent or emergency care are not covered in the clinic

Exhibit B- Labs and Vaccines

- Point of Care testing performed in the clinic is included in clinic fee.
 - Rapid Strep, Mono, Urine HcG, Urine Dipstick, Influenza
- Listed labs sent out for processing are billed to client at Aurora's cost.
- One annual Biometric venipuncture evaluation including PSA, TSH, AIC as indicated
 - (Exhibit D)- (New)

Test Name	Test Code	Total
OP/OR VENOUS DRAW	OVD	\$ 7.82
BASIC METABOLIC PNL	BPNL	\$ 3.62
COMP METABOLIC PNL	CPNL	\$ 4.50
LIPID PNL W/O REFLEX	LIPDPL	\$ 4.01
LIPID PANEL W/REFLEX + REFLEX TEST SENT TO MAIN	LIPPNL	\$ 5.58
RENAL PANEL	RENPNL	\$ 12.61
HE PANEL ACUTE	HACUTE	\$ 71.94
HEPATIC FUNCTION PNL	LIVPNL	\$ 3.46
DIGOXIN	DIG	\$ 7.78
VALPROIC ACID TOTAL	VPAVT2	\$ 19.46
LAMOTRIGINE	LAMOTR	\$ 25.32
LEVETIRACTAM (KEPPRA)	KEPR	\$ 47.60
LITHIUM	LI	\$ 6.48
TACROLIMUS	TACRO	\$ 73.73
NORTRIPTYLINE	NORTRP	\$ 42.00
URINE COMPLETE	UCOM	\$ 5.32
COMP.UA, C/S IF IND.	UCOMCS	\$ 4.84
URINALYSIS SCREEN, AUTO	UACS	\$ 3.81

URINALYSIS SCREEN	USCR	\$ 3.81
URINE, MICROSCOPIC ONLY	UACSM	\$ 3.09
URINE MICROSCOPIC	USCRM	\$ 3.09
URINE PREGNANCY TEST	PREG	\$ 12.61
ALBUMIN SERUM	ALB	\$ 8.81
MICROALBUMIN,RANDOM	MAR	\$ 4.59
ALDOLASE	ALD	\$ 17.64
ALPHA 1 ANTITRYPSIN	A1API	\$ 31.30
AMMONIA	NH3	\$ 4.83
AMYLASE	AMY	\$ 11.18
ANGIOTENSIN CONV ENZYME	ACER	\$ 26.32
BILIRUBIN TOTAL	TBIL	\$ 1.61
BILIRUBIN, DIRECT	DBIL	\$ 1.68
OCCULT BLOOD	STBLD	\$ 1.67
OCCULT BLD,TUBE TEST	IFOB	\$ 25.32
VIT D, 25-HYDROXY	25VDR	\$ 5.73
CALCIUM	CA	\$ 9.28
CHOLESTEROL	CHOL	\$ 8.69
CORTISOL	CORT	\$ 12.28
CK	CPK	\$ 2.58
CREATININE	CREA	\$ 3.09
CREATININE OTHER SOURCE (URINE)	UCREA	\$ 9.16
VITAMIN B12	VB12	\$ 5.58
DHEA	DHEAO	\$ 67.35
DHEA SULFATE	DHEAS	\$ 30.11
ESTRADIOL	ESTD	\$ 4.76

FERRITIN	FERR	\$ 4.83
FOLATE	FOLA	\$ 5.58
IGA QUANT	QIGA	\$ 14.07
2 HOUR GLUCOSE	GLUP	\$ 0.90
GAMMA GLUTAMYL TRANSFERASE	GGTP	\$ 4.52
FSH	FSH	\$ 15.53
LH	LH	\$ 4.52
FSH AND LH PANEL	FSHLH	\$ 20.06
HEMOGLOBIN A1C	GLYH	\$ 4.95
ANEMIA PROFILE IRON/ BINDING CAP	IRONP	\$ 8.48
INSULIN	INSUR	\$ 10.35
IRON	IRONP	\$ 4.83
IRON BINDING CAPACITY	TIBC	\$ 6.60
LACTIC ACID VENOUS	LACTA	\$ 4.83
LD TOTAL	LDH	\$ 2.58
STOOL FOR WBCS +SEE DOS FOR INFO	STWBC	\$ 28.80
LEAD,BLOOD/VEN	PBVEN	\$ 1.20
LIPASE	LIPA	\$ 4.83
HDL	HDL	\$ 11.31
LDL DIRECT	LDLDIR	\$ 4.76
MAGNESIUM	MG	\$ 3.59
B-TYPE NATRIURETIC PEPTDE	BNPEP	\$ 37.07
INTACT PTH	INTAC	\$ 19.75
PHOSPHORUS	PHOS	\$ 2.58
PROGESTERONE	progs	\$ 7.14
PROLACTIN	PROL	\$ 17.79

PROSTATE SPECIFIC AG	PSA	\$ 11.95
PSA FREE	FREPSA	\$ 27.72
PROTEIN,TOTAL	tp	\$ 14.40
VITAMIN B6, PLASMA	VB6	\$ 54.62
SEX HORM BIND GLOB	HIRSUT3	\$ 37.10
TESTOSTERONE, MALE	TEST	\$ 11.27
FREE T4	FT4	\$ 4.83
FREE T4 + REFLEX TEST ONLY	FT4EQ	\$ 6.38
S-TSH	TSH	\$ 4.83
TSH WITH REFLEX	TSHR	\$ 7.75
GOT/AST	GOT	\$ 8.57
GPT/ALT	GPT	\$ 2.58
TRIGLYCERIDE	TRIG	\$ 14.40
T3, FREE	FT3	\$ 11.31
TROPONIN I, RAPID	RAPDTR	\$ 43.84
TROPONIN I,ULTRASENS	TROPI	\$ 8.77
BLOOD UREA NITROGEN	BUN	\$ 11.55
URIC ACID	URIC	\$ 2.58
ZINC,BLOOD	ZN	\$ 29.64
BETA HCG, QUANTITATIVE	HCGQT	\$ 4.05
PREGNANCY TST,QUALITATIVE	SHCG	\$ 12.97
HEME PROFILE	CBCNO	\$ 4.92
RETIC - FLOW	FRETIC	\$ 3.81
SMEAR/PATHOLOGY EVAL	SMR	\$ 39.59
ANTITHROMBIN III ACTIVITY	AT3A	\$ 20.47
PROTEIN C ACTIVITY	PRCA	\$ 66.65

PROTEIN S ACTIVITY	PRSA	\$ 65.71
D-DIMER QUANTITATIVE	DDIMER	\$ 20.71
PROTHROMBIN TIME	PTINR	\$ 3.93
RBC SED RATE	RESR	\$ 8.68
THROMBIN TIME	TT	\$ 11.44
ANA SCREEN WITH REFLEX	ANABL	\$ 22.38
FLUID ANA TITER/PATTERN	FANAQ	\$ 5.00
C-REACTIVE PROTEIN	CRP	\$ 4.83
CRP HIGH SENSITIVITY	LLCRP	\$ 48.44
CARDIOLIPIN AB IGA	CARDGA	\$ 23.56
MONO TEST	MONO	\$ 9.40
MONO TEST WITH REFLEX	MONORX	\$ 9.40
RHEUMATOID FACTOR	RAL	\$ 11.07
QUANTIFERON TB GOLD	QUANTB	\$ 46.79
LYME AB PANEL W BLOT IGG/IGM	LYMEWB	\$ 74.98
LYME IGG/M AB SCREEN	LYMT	\$ 7.75
HEP B SURFACE AB	HSAB	\$ 20.69
MUMPS IGG AB	MUMG	\$ 33.20
RUBELLA SCREEN EIA	RUBEL	\$ 2.50
Rubeola Immunity IgG	MEAI	\$ 34.87
T. PALLIDUM IgG AB	SYPIGG	\$ 7.77
VARIC. IGG AB	VARIC	\$ 11.31
HEP C AB	HCV	\$ 19.75
AEROBIC IDENTIFICATION	AI1	\$ 21.16
GP B GENITAL CULT	GBSCS	\$ 2.38
CULTURE STREP GRP A	STTH	\$ 16.33

URINE CULTURE	URC	\$ 15.24
URINE PRESUMPTIVE ID	UPI	\$ 13.77
CULTURE ID AGGLUTINATION	OGBA	\$ 14.51
SUSCEPTIBILITY	MULTIPLE	\$ 11.19
WET MOUNT	WM	\$ 8.81
GIARDIA ANTIGEN, EIA	GIARGR	\$ 52.55
HEP B SURFACE AG	HBAG	\$ 19.75
HIV AG/AB COMBO SCR	HIVSCR	\$ 24.53
SHIGA TOXIN	3SHTOX	\$ 23.66
ENTERIC PATHOGEN CUL	ENPC	\$ 45.00
CHLAM/GC, AMP PROBE	CGPT	\$ 17.86
C. DIFF TOXIN PCR	CDPCR	\$ 103.22
HERPES SIMPLEX PCR	HSVPCR	\$ 52.94
CHLAM/GC, NAA	CGPT	\$ 31.22
HPV HIGH RISK TYPES	I87624	\$ 37.66
HPV HIGH RISK	W87624	\$ 37.66
CRYPTOSPORIDIUM PCR	GPARX3	\$ 8.90
RAPID STREP GROUP A	RSTREP	\$ 15.43
MD PAP REVIEW	88141	\$ 6.82
MD PAP REVIEW	W88141	\$ 6.81
PAP, THIN LAYER PREP AUTO	I88175	\$ 34.93
PAP, THIN LAYER PREP AUTO	W88175	\$ 34.93
H PYLORI UREASE SCRIN	CLOBX	\$ 15.23
CBC/DIFFERENTIAL	CBCA	\$ 4.99
ENTERIC PATHOGEN CUL	ENPC	\$ 45.00
INFLUENZA, RAPID A/B	FLUAG	\$ 36.86

PSA FREE AND TOTAL	FPSAR	\$ 25.07
GASTRO PARA BY PCR	GPARX	\$ 26.70
SUSCEPTIBILITY 2 PANELS	NCP2	\$ 34.26
CULT MISC AEROBIC/ SMEAR	ROCS	\$ 17.55
OVA AND PARASITES	OVAP	\$ 30.13

Adult Vaccines and Immunization

- Vaccines will be stored in clinic or ordered as needed for administration to patients.
- Billed to client at Aurora's cost.
- There is no fee for administration

Flu Shots (in-clinic) over the age of 8	\$ 19.00
TB Test	\$ 16.00
TDAP Vaccine	\$ 39.00
Varicella Vaccine	\$ 120.00
Hepatitis B Vaccine	\$ 50.00
MMR Vaccine	\$ 70.00
Pneumovax-23	\$ 178
Prevnar 13	\$175
Shingrix (2 doses billed individually)- recommended	\$132 each
Zostavax-(no recommend as primary)	\$223.07

Note:

Other Labs/Vaccines ordered by outside providers or needed diagnostics (x-rays) can be done at an Aurora facility or facility of employee choice and billed to the patients insurance.

Exhibit C- Occupational Health

Occupational Health Services -Pricing for services to the clients will be done individually through this exhibit and include pricing were applicable for services not covered within the cost of the clinic.

- Pre-employment physicals and related services
- Drug screens – determination of testing panel to be negotiated with each employer
- Assessment of work-related injuries with coordination of services by Occupational Health RN

Pre-employment Police

	Manty Health and Wellness Center
NON DOT 10 panel Drug Screen:	\$10.00
Physical Exam with Titmus vision test	\$0.00
Audiogram	\$0.00
Spirometry/Pulmonary Function	\$0.00
UA Dip	\$0.00
EKG w/Reading	\$75.00
RH Type	\$9.94
Hepatitis B Core	\$27.12
HIV Antibody Screen	\$24.73
CBC Complete Blood Count	\$5.03
Urinalysis Complete (Urine Dip)	\$0.00
Blood Group - ABO	\$5.76
RPR Rapid Reagin Plasma	\$4.38
JTECH preplacement functional testing	\$25.00/15 min.

Total: \$157.15 + JTECH 3-4 15 min units/\$75-\$100

Police Other

	Manty Health and Wellness Center
Annual Audiogram	\$0.00 or \$12.00 at employer site

Total: \$0.00

Pre-employment Fire

	Manty Health and Wellness Center
NON DOT 10-Panel Drug Screen	\$10.00
Physical Exam OH027	\$00.00
Audiogram	\$0.00
Spirometry/PFT	\$0.00
Snellen/Titmus Vision	\$0.00
Urinalysis Complete (Urine Dip)	\$0.00

EKG w/Reading	\$75.00
Respiratory Questionnaire	\$0.00
Comprehensive Metabolic Panel (CMP)	\$13.00
Complete Blood Count (CBC)	\$5.03
Lipid Panel	\$4.04
TB Test	\$16.00
Bruce Stress Test	\$200.00

Total: \$323.07

Fire Every Other Year

	Manty Health and Wellness Center
Annual Biometric during onsite screenings	\$0.00 included in The Aurora Network
Audiogram	\$0.00 or \$12.00 onsite
Physical Exam OH027	\$00.00
Spirometry/PFT	\$0.00
Snellen/Titmus Vision	\$0.00
Urinalysis Complete (Urine Dip)	\$0.00
EKG & Resting EKG Reading	\$75.00
Cancer Screen (Skin) Optional	\$0.00
Cancer Screen (Breast, Rectal, Testicular) Optional	\$0.00

Total: \$75.00

Fire Other

	Aurora Medical Center Manitowoc County in Cardiac Rehab Department
Bruce Stress Test: Age 20-39 – every 5 yrs. Age 40-49 – every 3 yrs. Age 50-56 – every 2 yrs. Over 56 – every year	\$200.00

Total: \$200.00

Pre-employment Transit

	Manty Health and Wellness Center
5-Panel FTA/Transit/DOT Drug Screen	\$10.00
Physical Exam (standard)	\$0.00

Total: \$10.00

Pre-employment WWTF Operators and B&G Maintenance

	Manty Health and Wellness Center
NON DOT 10-Panel Drug Screen	\$10.00

Physical Exam	\$0.00
Audiogram	\$0.00

Total: \$10.00

Pre-employment Streets Laborers and Mechanics

	Manty Health and Wellness Center
5-Panel Drug Screen (Federal)	\$10.00
Physical Exam (standard)	\$0.00
Audiogram	\$0.00
Titmus Vision Test	\$0.00

Total: \$10.00

Pre-employment Bridgetenders

	Manty Health and Wellness Center
DOT 5-Panel Drug Screen	\$10.00
Physical Exam	\$0.00
Audiogram	\$0.00
DOT Vision test	\$0.00

Total: \$10.00

Annual Bridgetenders

	Manty Health and Wellness Center
Audiogram	\$0.00
DOT Vision test	\$0.00

Total: \$0.00

Pre-employment DPW

	Manty Health and Wellness Center
DOT 5-Panel Drug Screen	\$10.00
DOT Physical Exam with vision	\$00.00
UA Dip	\$0.00
Whisper test	\$0.00

Total: \$10.00

Police Random Pool Testing

	Manty Health and Wellness Center
Rapid 10 panel drug screen	\$10.00
Alcohol screen	\$5.00

Bridgetenders and DPW Post-accident/Random testing

	Manty Health and Wellness Center
Rapid 10 panel drug screen	\$10.00
Alcohol screen	\$5.00

City of Manitowoc employees Reasonable Suspicion

Rapid 10 panel drug screen	Manty Health and Wellness Center
Alcohol screen	\$10.00 \$5.00
After Hours	\$100.00 Emergency Department fee
Rapid 10 panel drug screen	\$45.00
Alcohol screen	\$20.00

Manitowoc Public School District – Pre-Placement Examination

Pre-Placement Physical	Manty Health and Wellness Center \$0
TB Screening Questionnaire	\$0

Exhibit D- Wellness

<p align="center">One Community Level 1</p>	<p align="center">Customized Consumer Portal including My Health Report, My Health Score, My Health Tools and Biometric Screening Appointment Scheduler Biometric Screening + PSA, TSH & A1c</p>	<p align="center">\$17 Per participant</p>
<p align="center">One Community Level 2</p>	<p align="center">Customized Consumer Portal includes all of OneCommunity Level 1 plus Health Trackers, Health Articles & Fitness Videos, Recipe Database, Meal Planning & Local Weekly Food Specials, Activity Feed & Social Media Integration, Leaderboard, Message Center and up to 3 Group Challenges. My Opportunities (Incentives Management)</p> <ul style="list-style-type: none"> • Level 2 Development Fee is a one-time fee applied to each program utilizing the incentives management platform. \$00.00 Dev Fee includes up to 10 Opportunities \$100 for every 5 additional Opportunities • Level 2 Custom Opportunities created at a rate of \$175.00/hr. • Level 2 Custom Health Score Initial custom Health Score development fee is \$750. This fee is reduced to \$300 per program if an existing custom score calculation is reused as is within a market. <p align="center">Biometric Screening + PSA, TSH & A1c</p>	<p align="center">\$21 Per participant</p>
<p align="center">One Community Level 3</p>	<p align="center">Customized Consumer Portal includes all of OneCommunity Level 1 & 2 including Level 2 My Opportunities (Incentives Management), total of 4 Group Challenges, 32 Personal Challenges, Biometric Indicators for Recommended Challenges, Standard Incentive Tracking Tool and Rewards mall (<i>additional costs apply</i>) Biometrics Screening + PSA, TSH & A1c</p>	<p align="center">\$29 per participant</p>
<p align="center">Health Coaching</p>	<p align="center">One on One Participant Coaching Group Participants HRA Results Review</p>	<p align="center">\$35.00/hr. \$35.00/hr.</p>
<p align="center">4 Wellness Presentations per company/year</p>	<p align="center">Topics to be agreed on by participating companies</p>	<p align="center">\$0</p>
<p align="center">Biometrics</p>	<ul style="list-style-type: none"> • One annual Biometric venipuncture evaluation per eligible participant* including PSA, TSH, A1C as indicate. 	<p align="center">\$0</p>

Exhibit- E – Employee No-Cost Medications

Medication Name	Pill Count	Form	Strength	Aurora discount card charge (Old)	Aurora discount card charge (New)**	Change in Price
AMOXICILLIN	20	TAB	875 MG	12.76	\$12.76	\$0.00
AMOXICILLIN	20	CAP	500 MG	\$ 8.62	\$ 8.62	\$0.00
AMOXICILLIN	30	CAP	500 MG	\$ 10.43	\$ 10.43	\$0.00
AMOXICILLIN	up to 150ml	SUSP	250 MG/5MLS	\$ 7.40	\$ 3.99	-\$3.41
AMOXICILLIN/CLAVULANANT POTASSIUM	10	TAB	875 MG	\$ 14.02	\$ 15.38	\$1.36
AMOXICILLIN/CLAVULANANT POTASSIUM	20	TAB	875 MG	\$ 23.04	\$ 25.76	\$2.72
AMOXICILLIN/CLAVULANANT POTASSIUM	100ml	SUSP	400mg/57mg per 5 mls	\$ 24.90	\$ 28.20	\$3.30
AMOXICILLIN/CLAVULANANT POTASSIUM ES	75ml	SUSP	600mg/42.9 per 5mls	\$ 22.25	\$ 18.13	-\$4.12
ATORVASTATIN	30	Tablet	20 mg	\$ 16.19	\$ 16.91	\$0.72
AZITHROMYCIN	6	TAB	250 MG	\$ 12.89	\$ 3.99	-\$8.90
AZITHROMYCIN	15ml	SUSP	100 MG/5MLS	\$ 25.88	\$ 25.22	-\$0.66
CEPHALEXIN	30	CAP	500 MG	\$ 13.49	\$ 14.54	\$1.05
CEPHALEXIN	20	CAP	500 MG	\$ 10.66	\$ 11.36	\$0.70

CIPROFLOXACN	20	TAB	500 MG	\$ 8.86	\$ 3.99	-\$4.87
CYCLOBENZAPRINE	30	TAB	10 MG	\$ 6.26	\$ 3.99	-\$2.27
DOXYCYCLINE/MONOHYDRATE	20	CPDR	100 MG	\$ 16.36	\$ 51.16	\$34.80
ERYTHROMYCIN	3.5	OINTMENT	3.5 GM	\$ 13.85	\$ 13.85	\$0.00
FLUCONAZOLE	1	TAB	150 MG	\$ 7.80	\$ 3.99	-\$3.81
FLUTICASONE	16 GMS	SPRAY	50 MCG	\$ 29.18	\$ 21.76	-\$7.42
GUAIFENSIN/DEXTROMETHORPHAN	4 OZ	SYRP	4 OZ	\$ 4.50	\$ 5.84	\$1.34
IBUPROFEN	30	TAB	800 MG	\$ 5.56	\$ 3.99	-\$1.57
METRONIDAZOLE	14	TAB	500 MG	\$ 12.10	\$ 12.10	\$0.00
METRONIDAZOLE	20	TAB	250 MG	\$ 7.62	\$ 11.46	\$3.84
*OMEPRAZOLE	30	CAP	40mg	\$ 8.27	\$ 3.99	-\$4.28
ONDANSETRON (regular tablets, not orally disengrating)	10	TB	4 MG	\$ 9.60	\$ 10.05	\$0.45
PREDNISONE	30	TAB	20 MG	\$ 6.76	\$ 3.99	-\$2.77
PREDNISONE	30	Tab	10 MG	\$ 10.80	\$ 3.99	-\$6.81
SULFAMETHOXAZOLE/TRIMETHOPRIM	6	TAB	800-160	\$ 6.16	\$ 6.16	\$0.00
SULFAMETHOXAZOLE/TRIMETHOPRIM	20	TAB	800-160	\$ 8.86	\$ 8.86	\$0.00

SULFAMETHOXAZOLE/TRIMETHOPRIM	30	TAB	800-160	\$ 10.79	\$ 10.79	\$0.00
*SUMATRIPTAN	9	TAB	50 MG	\$ 16.06	\$ 21.65	\$5.59
TRIMETHOPRIM/POLY B	10 ML	OPHT SOLN	10,000U/1MG	\$ 15.03	\$ 15.80	\$0.77

Exhibit F- Benefitcloud

Improving awareness of the Manty clinic and the cost, quality and convenience of care advantage it provides over its alternatives is critical to achieving adequate utilization.

Benefitcloud is a technology and service benefit communication-based employee engagement solution (“Benefitcloud”) that helps employers improve the performance of their plans and benefits programs. Through benefits access, education, communication, and support Benefitcloud engages employees to make better decisions for their health and financial wellness.

GOALS & OBJECTIVES

GOAL 1: Assist the Benefits Team

- Benefitcloud develops and maintains Employer’s Benefits App.
- Benefitcloud becomes the Employer’s communication team.
- Benefitcloud creates content and designs communication material.
- Benefitcloud measures digital communications and provides data and reporting.

GOAL 2: PROVIDE easy and accurate Benefits Access to Employees

- Employees can contact any carrier or benefit vendor through a tap.
- Employees will have access to all plan documents, including ID cards.
- Employees can easily find answers to their benefits questions.

GOAL 3: IMPROVE benefits literacy amongst Employees and their families

- Benefitcloud empowers employees to know their benefits better.
- Benefitcloud educates employees about their benefits on a regular basis.

GOAL 4: IMPROVE employee engagement

- For improving utilization of important programs like wellness, onsite clinic and tobacco cessation.
- For improving cost outcomes for Employees and Employer through cost savings achieved from pharmacy program, network utilization and more.