FIRST AMENDMENT TO SERVICE PROVIDER AGREEMENT

This Amendment of the Agreement, entered into this 1st day of September 2018, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "City") and The Permanente Medical Group, Inc., a California Corporation whose address is 1800 Harrison Street, 9th Floor, Oakland, CA 94612, (hereinafter "Provider"), is made with reference to the following:

RECITALS:

- A. On September 1, 2015, an agreement was entered into by and between City and Provider (hereinafter "Agreement") with compensation not to exceed \$200,000.
- B. City and Provider desire to modify the Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

1. Paragraph 1 of the Agreement is modified to read as follows:

The term of this Agreement shall commence on the 1st day of September, 2015, and shall terminate on the 31st day of August, 2021, unless terminated earlier as set forth herein per Section 19. This contract may be amended to add up to one additional three year term, based upon satisfactory performance by the provider and upon the discretion and agreement of both parties; provided, however, that with respect to any term beginning on or after July 2, 2021, Provider may revise the billing rates set forth in Exhibit A with respect to any three-year renewal term. In such event, Provider will provide at least sixty (60) days prior written notice to the City of any such changes in rate.

- 2. Paragraph 3A of the Agreement is modified to read as follows:
- A. Service Provider shall be compensated for the Services performed in accordance with this Agreement at the hourly rates set forth in Exhibit A. Payment under this contract shall not exceed \$230,000 for the three year term. Payment shall be made by checks drawn on the treasury of the City.
 - 3. Paragraph 8 of the Agreement is modified to read as follows:

To the extent prohibited by law, there shall be no discrimination or harassment of any kind based on any statutorily (federal, state or local) protected class, including but not limited to; race, religious creed, color, national origin, ancestry, physical disability (including HIV and AIDS), mental disability, medical condition (ex. Cancer), genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, political affiliation, military and veteran status or legitimate union activities, against any employee or applicant for employment by the Association, the City or by anyone employed by the City.

4. Exhibit A to the Agreement is deleted and replaced with a new Exhibit A in the form attached hereto.

 Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect. 					

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

The Kaiser Permanente Medical Group, Inc. A California Corporation

Chris Pallsausti M.D.

Chair of the Board

Gerard Bajada

Chief Financial Officer

CITY OF ALAMEDA A Municipal Corporation

Elizabeth D. Warmerdam Acting City Manager

RECOMMENDED FOR APPROVAL:

Nancy Bronstein

Human Resources Director

APPROVED AS TO FORM:

City Attorney

Janet C. Kern City Attorney

City of Alameda

Exhibit A

Billing Code	Description of Services	Cost of Services
VIII TO T	State S Core Added to HBodin	1987
PREPLACEM	ENT EXAM (PP1)	
300388	Preplacement Physical Exam	\$65.00
As Employer	Requested:	Allegiones -
86580	PPD, one placement and one reading	\$20.00
300422	PPD, two step 2 placement and readings	\$30.00
92552	Audiogram, screening	\$30.00
300413	Form Completion (2 or more pages for DMV/DOT Exam)	\$25.00
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$94.00/injection
90632	Hepatitis A vaccine (Havrix), may need series of 2 injections	\$96.00/injection
86317	Titer: Rabies Antibody Testing	\$43.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically I	ndicated:	
94010	Spirometry	\$35.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
71045	Chest X-Ray, 1 view	\$55.00
71046	Chest X-Ray, 2 views	\$65.00
90675	Rabies Vaccine, series of 3 injections	\$371.00/injection
92081	Visual Exam Extended	\$62.00
DDEDL ACENT	ENT EVAM (DOSTRD)	
300399	POST Physical Exam	\$95.00
92552	Audiogram, screening	\$30.00
94010	Spirometry	\$35.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
86580	PPD, one placement and one reading-OR-	\$20.00

300422			
300422	PPD, 2 step, 2 placements and readings	\$30.00	
85025	CBC with automated differential	\$15.00	
80053	Chem Comprehensive Panel	\$35.00	
86706	Hepatitis B Surface Antibody, HBsAb	\$31.00	
86704	Titer: Hepatitis B Core Antibody, HBcAb	\$31.00	
86803	Titer: Hepatitis C	\$45.00	
36415	Venipuncture	\$15.00	
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance	
As (Clinically Indicated:	1	
90632	Hepatitis A vaccine (Havrix), may need series of 2 injections	\$96.00/injection	
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$94.00/injection	
90707	Vaccine: MMR injection, may need series of 2 injections	\$76.00/injection	
90716	Vaccine: Varivax (chickenpox), may need series of 2 injections	\$132.00/injection	
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis) -OR-	\$63.00	
90714	Vaccine: Td	\$34.00	
90658	Vaccine: Influenza; flu (when seasonally available)	\$20.00	
81001	Urinalysis with microscopic (if abnormal UA dipstick)	\$15.00	
0.00.			
710145	Chest X-Ray, 1 view -	\$55.00	
	Chest X-Ray, 1 view - Chest X-Ray, 2 views -	\$55.00 \$65.00	
710145 71046 PREPLACE	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH)	\$65.00	
710145 71046 PREPLACE 300388	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam	\$65.00 \$65.00	
710145 71046 PREPLACE	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH)	\$65.00	
710145 71046 PREPLACE 300388 92552	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam	\$65.00 \$65.00	
710145 71046 PREPLACE 300388 92552	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening	\$65.00 \$65.00	
710145 71046 PREPLACE 300388 92552 DRUG SCR	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE	\$65.00 \$65.00 \$30.00	
710145 71046 PREPLACE 300388 92552 DRUG SCR	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE Collection for Drug Screen-Preferred Alliance	\$65.00 \$65.00 \$30.00	
710145 71046 PREPLACE 300388 92552 DRUG SCRI 300411 As	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE Collection for Drug Screen-Preferred Alliance Indicated:	\$65.00 \$65.00 \$30.00 Billed by Preferred Alliance	
710145 71046 PREPLACE 300388 92552 DRUG SCR 300411 As 82075	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE Collection for Drug Screen-Preferred Alliance Indicated: Breathalyzer, alcohol screen Breathalyzer, alcohol confirmatory test (positive screen test)	\$65.00 \$65.00 \$30.00 Billed by Preferred Alliance	
710145 71046 PREPLACE 300388 92552 DRUG SCRI 300411 As 82075 300421	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE Collection for Drug Screen-Preferred Alliance Indicated: Breathalyzer, alcohol screen Breathalyzer, alcohol confirmatory test (positive screen test)	\$65.00 \$65.00 \$30.00 Billed by Preferred Alliance	
710145 71046 PREPLACE 300388 92552 DRUG SCRI 300411 As 82075 300421 DMV/DOT E	Chest X-Ray, 2 views - MENT DISPATCHER EXAM (DISPATCH) Preplacement Physical Exam Audiogram, screening EEN (DRUG) PREFERRED ALLIANCE Collection for Drug Screen-Preferred Alliance Indicated: Breathalyzer, alcohol screen Breathalyzer, alcohol confirmatory test (positive screen test) XAM (DMV) DMV/DOT Physical Exam	\$65.00 \$65.00 \$30.00 Billed by Preferred Alliance Billed by Preferred Alliance Billed by Preferred Alliance	

As	Clinically Indicated:	
300408	Physician Consultation; each 15 minutes	\$60.00
PPD/TB CI	earance Baseline/Annual/Periodic (PPD/TB)	00000
86580	PPD, one placement and one reading	\$20.00
As Clinical	ly Indicated:	
71045	Chest X-Ray, 1 views	\$55.00
71046	Chest X-Ray, 2 views	\$65.00
300422	PPD, 2 step, 2 placements and readings	\$30.00
99211	Brief encounter with non-MD Provider (PPD-Review Of Symptoms Form)	\$20.00
VACCINAT	ION ONLY (VAX)	As Clinically
90632	Vaccine: Hepatitis A (Havrix), may need series of 2 injections	\$96.00/injection
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$94.00/injection
90675	Rabies Vaccine, series of 3 injections	\$371.00/injection
RESPIRAT	OR CLEARANCE BASELINE OR PERIODIC (with RESP Fit testi	ing)
300415	Review of Respirator Questionnaire by MD/NP/RN	\$35.00
300410	Respirator Fit Test, qualitative (When employer requested)	\$35.00
As C	linically Indicated:	
71046	Chest X-Ray (2 views)	\$65.00
300391	Respirator Physical Exam	\$60.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
94010	Spirometry	\$35.00
300408	Physician Consultation; each 15 minutes	\$60.00
	COURSE TO SERVICE OF THE SERVICE OF	TORREST CONTRACTOR
FIREFIGHT	ER PREPLACEMENT EXAM (FFPP)	
300398	Firefighter Physical Exam	\$95.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
92552	Audiogram, screening	\$30.00
94010	Spirometry	\$35.00
300422	PPD, two step, 2 placements and readings	\$30.00

71046	Chest X-Ray, 2 views (baseline)	\$65.00
85025	CBC with automated differential	\$15.00
80053	Chem Comprehensive Panel	\$35.00
86706	Hepatitis B Surface Antibody, HBsAb	\$31.00
86704	Titer: Hepatitis B Core Antibody, HBcAb	\$31.00
86803	Titer: Hepatitis C	\$45.00
36415	Venipuncture	\$15.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
As	Clinically Indicated:	•
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$94.00/injection
90632	Vaccine: Hepatitis A (Havrix), may need series of 2 injections	\$96.00/injection
90707	Vaccine: MMR injection, may need series of 2 injections	\$76.00/injection
90716	Vaccine: Varivax (chickenpox), may need series of 2 injections.	\$132.00/injection
90658	Vaccine: Influenza; flu (when seasonally available	\$20.00
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis) -OR-	\$63.00
90714	Vaccine: Td	\$34.00
86580	PPD, one placement and one reading (no charge to current KP HP members)	\$20.00
81001	Urinalysis with microscopic (if abnormal UA dipstick)	\$15.00
ONSITE SE	RVICES NURSING	
300418	Site: Nursing Onsite each 15 min. (minimum one hour)	\$30.00
300412	Administrative Activity	\$60.00
Vision Test	ing	
99173	Visual screen only, near, far, color, depth	\$25.00
As Clinicall	y Indicated:	
92081	Visual Exam Extended	\$62.00
	I .	