

SECOND AMENDMENT TO SERVICE PROVIDER AGREEMENT

This SERVICE PROVIDER AGREEMENT (“**Agreement**”) is entered into this ____ day of _____ 2021 (“**Effective Date**”), by and between the CITY OF ALAMEDA, a municipal corporation (the “**City**”), and The Permanente Medical Group, Inc., a California corporation, whose address is 1800 Harrison Street, 9th Floor, Oakland, CA, 94612 (the “**Provider**”), in reference to the following facts and circumstances:

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. On September 1, 2018, the original agreement was amended be between City and Provider (hereinafter “**First Amendment**”) with compensation not to exceed \$230,000.

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, 2024, unless terminated earlier as set forth herein per Section 19.

- 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 Amendment at the hourly rates set forth in Exhibit B. Compensation for this Amendment shall not exceed \$260,000 for the three year term. Total Compensation for this Agreement shall not exceed \$690,000.

- B. Payment shall be made by checks drawn on the treasury of the City.

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

Signatures on the following page

IN WITNESS WHEREOF, the parties have each caused this Agreement to be duly executed on its behalf as of the Effective Date.

The Permanent Medical
Group, Inc., a California corporation

CITY OF ALAMEDA
a municipal corporation

Lavanya Kailar, M.D.
Medical Director, KPOJ
Occupational Health and Safety Services,
NCAL

Eric J. Levitt
City Manager

By:_____

Title:_____

RECOMMENDED FOR APPROVAL

Nancy Bronstein
Human Resources Director

APPROVED AS TO FORM:
City Attorney

Alan M. Cohen
Assistant City Attorney

**City of Alameda
Exhibit A**

Billing Code	Description of Services	Cost of Services
PREPLACEMENT EXAM (PP1)		
300388	Preplacement Physical Exam	\$65.00
As Employer Requested:		
86580	PPD, 1 step, placement and reading	\$20.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically Indicated:		
71045	Chest X-Ray, 1 view	\$55.00
71046	Chest X-Ray, 2 views	\$75.00
PREPLACEMENT EXAM (PP3)		
300388	Preplacement Physical Exam	\$65.00
As Employer Requested:		
300415	Review of Respirator Questionnaire by MD/NP/RN	\$35.00
86580	PPD, 1 step, placement and reading	\$20.00
92552	Audiogram, screening	\$54.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically Indicated:		
94010	Spirometry	\$60.00
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	\$75.00
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$130.00/injection
90632	Vaccine: Hepatitis A, may need series of 2 injections	\$114.00/injection
90636	Vaccine: Twinrix (Hep B and Hep A combo), series of 3 injections	\$191.00/injection
86706	Titer: Hepatitis B Surface Antibody (HBsAb)	\$35.00
86708	Titer: Hepatitis A IgG Antibody (HAAb)	\$40.00
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
PREPLACEMENT EXAM (PP5)		
300388	Preplacement Physical Exam	\$65.00
300422	PPD, 2 step, 2 placements and readings	\$30.00

As Employer Requested:		
92552	Audiogram, screening	\$54.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically Indicated:		
36415	Venipuncture	\$15.00
71045	Chest X-Ray, 1 view	\$55.00
71046	Chest X-Ray, 2 views	\$75.00
86580	PPD, 1 step, placement and reading	\$20.00
86317	Titer: Rabies Antibody Testing	\$43.00
90675	Rabies Vaccine, series of 3 injections	\$579.00/injection
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
POLICE/SHERIFF PREPLACEMENT EXAM (POSTPP)		
300399	POST Physical Exam	\$127.00
92552	Audiogram, screening	\$54.00
94010	Spirometry	\$60.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
86580	PPD, 1 step, placement and reading	\$20.00
85025	CBC with automated differential	\$20.00
80053	Chem Comprehensive Panel	\$41.00
86706	Titer: Hepatitis B Surface Antibody (HBsAb)	\$35.00
86704	Titer: Hepatitis B Core Antibody (HBcAb)	\$31.00
86803	Titer: Hepatitis C Antibody Screen	\$56.00
86708	Titer: Hepatitis A IgG Antibody (HAAb)	\$40.00
36415	Venipuncture	\$15.00
As Employer Requested:		
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically Indicated:		
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$130.00/injection
90632	Vaccine: Hepatitis A, may need series of 2 injections	\$114.00/injection
90636	Vaccine: Twinrix (Hep B and Hep A combo), series of 3 injections	\$191.00/injection
90707	Vaccine: Measles Mumps Rubella (MMR), may need series of 2 injections	\$103.00/injection
90716	Vaccine: Varivax (Varicella or Chickenpox), may need series of 2 injections	\$152.00/injection
90715	Vaccine: Tdap -OR-	\$63.00

90714	Vaccine: Td	\$34.00
90658	Vaccine: Influenza (when seasonally available)	\$20.00
86735	Titer: Mumps Antibody Screen	\$35.00
86762	Titer: Rubella Antibody Screen (German Measles)	\$35.00
86765	Titer: Rubeola Antibody Screen (Measles)	\$35.00
86787	Titer: Varicella (Varicella or Chickenpox) Antibody Screen	\$35.00
81001	Urinalysis with microscopy	\$16.00
71045	Chest X-Ray, 1 view	\$55.00
71046	Chest X-Ray, 2 views	\$75.00
75571	Cardiac calcium scoring CT scan	\$265.00
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
PUBLIC SAFETY DISPATCHER PREPLACEMENT EXAM (DISPATCH)		
300388	Preplacement Physical Exam	\$65.00
92552	Audiogram, screening	\$54.00
FIREFIGHTER PREPLACEMENT EXAM (FFPP)		
300398	Firefighter Physical Exam	\$127.00
92552	Audiogram, screening	\$54.00
94010	Spirometry	\$60.00
85025	CBC with automated differential	\$20.00
80053	Chem Comprehensive Panel	\$41.00
36415	Venipuncture	\$15.00
71046	Chest X-Rays (2 views, PA & Lateral)	\$75.00
300422	PPD, 2 step, 2 placements and readings	\$30.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
86706	Titer: Hepatitis B Surface Antibody (HBsAb)	\$35.00
86704	Titer: Hepatitis B Core Antibody (HBcAb)	\$31.00
86803	Titer: Hepatitis C Antibody Screen	\$56.00
86708	Titer: Hepatitis A IgG Antibody (HAAb)	\$40.00
As Employer Requested:		
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Clinically Indicated:		
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$130.00/injection
90632	Vaccine: Hepatitis A, may need series of 2 injections	\$114.00/injection
90636	Vaccine: Twinrix (Hep B and Hep A combo), series of 3 injections	\$191.00/injection

90707	Vaccine: Measles Mumps Rubella (MMR), may need series of 2 injections	\$103.00/injection
90718	Vaccine: Varivax (Varicella or Chickenpox), may need series of 2 injections	\$152.00/injection
90715	Vaccine: Tdap -OR-	\$63.00
90714	Vaccine: Td	\$34.00
90658	Vaccine: Influenza (when seasonally available)	\$20.00
86735	Titer: Mumps Antibody Screen	\$35.00
86762	Titer: Rubella Antibody Screen (German Measles)	\$35.00
86765	Titer: Rubeola Antibody Screen (Measles)	\$35.00
86787	Titer: Varicella (Varicella or Chickenpox) Antibody Screen	\$35.00
81001	Urinalysis with microscopy	\$16.00
71045	Chest X-Ray, 1 view	\$55.00
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
RESPIRATOR BASELINE/PERIODIC (RESP)		
300415	Review of OSHA Respirator Questionnaire by MD/NP/RN	\$35.00
As Employer Requested:		
300410	Respirator Fit Test, qualitative	\$41.00
As Clinically Indicated:		
300391	Respirator Clearance Physical Exam	\$64.00
94010	Spirometry	\$60.00
71046	Chest X-Ray (2 views)	\$75.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
AUDIOGRAM (AUDIO)		
92552	Audiogram, screening	\$54.00
As Clinically Indicated:		
300408	Physician Consultation, each 15 minutes	\$64.00/15 mins
DMV/DOT EXAM (DMV/DOT)		
300390	DMV/DOT Physical Exam	\$115.00
URINE DRUG AND BREATH ALCOHOL TESTING (DRUG)		
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
As Indicated:		

82075	Breath Alcohol Testing (BAT) – Preferred Alliance	Billed by Preferred Alliance
300421	Breath Alcohol Testing (BAT), Confirmatory – Preferred Alliance	Billed by Preferred Alliance
VACCINATION ONLY (VAX)		
300406	History/Review of Tests/Brief Screen - No Physical Exam	\$42.00
As Clinically Indicated:		
90746	Vaccine: Hepatitis B, may need series of 3 injections	\$130.00/injection
90632	Vaccine: Hepatitis A, may need series of 2 injections	\$114.00/injection
90636	Vaccine: Twinrix (Hep B and Hep A combo), series of 3 injections	\$191.00/injection
90707	Vaccine: Measles Mumps Rubella (MMR), may need series of 2 injections	\$103.00/injection
90716	Vaccine: Varivax (Varicella or Chickenpox), may need series of 2 injections	\$152.00/injection
90715	Vaccine: Tdap –OR–	\$63.00
90714	Vaccine: Td	\$34.00
90658	Vaccine: Influenza (when seasonally available)	\$20.00
90675	Rabies Vaccine, series of 3 injections	\$579.00/injection
LABORATORY ONLY (LAB)		
300406	History/Review of Tests/Brief Screen - No Physical Exam	\$42.00
36415	Venipuncture	\$15.00
As Clinically Indicated:		
86706	Titer: Hepatitis B Surface Antibody (HBsAb)	\$35.00
86708	Titer: Hepatitis A IgG Antibody (HAAb)	\$40.00
86735	Titer: Mumps Antibody Screen	\$35.00
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86765	Titer: Rubeola Antibody Screen (Measles)	\$35.00
86787	Titer: Varicella (Varicella or Chickenpox) Antibody Screen	\$35.00
86317	Titer: Rabies Antibody Testing	\$43.00
TB CLEARANCE PPD – INTRADERMAL SKIN TEST (PPD/TB CLEARANCE)		
86580	PPD, 1 step, 1 placement and reading	\$20.00
As Clinically Indicated:		
300422	PPD, 2 step, 2 placements and readings	\$30.00
71045	Chest X-Ray, 1 view	\$55.00
71046	Chest X-Ray, 2 views	\$75.00
99211	Brief encounter with non-MD Provider (PPD-Review of Symptoms Form)	\$25.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111 CNI01483686-NCAL-CAS-21-22 GLALW CA	CONTACT NAME: _____ PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Safety National Casualty Corp.</td> <td>15105</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Safety National Casualty Corp.	15105	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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COVERAGES **CERTIFICATE NUMBER:** SEA-003740854-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			GL4048017	01/01/2021	01/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA6675880 \$5,000,000 SIR	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 4,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SP4064350 S.I.R. \$5,000,000	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REQUEST #RCC005323

EVIDENCE OF INSURANCE.

CERTIFICATE HOLDER CITY OF ALAMEDA 2000 GRAND STREET ALAMEDA, CA 94501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Myrna Lee <i>Myrna Lee</i>
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EVIDENCE OF COVERAGEISSUE DATE (MM/DD/YY)
June 2, 2021**SPONSOR**Kaiser Foundation Health Plan, Inc.
Attention: Corporate Risk Management
One Kaiser Plaza, 25B
Oakland, CA 94612Telephone: 510-271-2617
Email: corporate.risk.management@kp.org

CODE PPL

SUB-CODE PL

COVERED ENTITIESKaiser Foundation Health Plan, Inc.
Kaiser Foundation HospitalsTHIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE ARRANGEMENTS SET
FORTH BELOW.**COVERAGE AFFORDED****LETTER A**

Self-insured

COVERAGES

CO LTR	TYPE OF COVERAGE	DESCRIPTION	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Hospital/Physician/Professional Liability	Self-Insured	01/01/21	01/01/22	Each Occurrence: \$5,000,000 Annual Aggregate: None

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

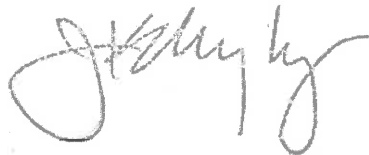
This certificate provides evidence of professional liability coverage for the above-named entities in accordance with a written contract or agreement.

[RC005323]

CERTIFICATE HOLDERCity of Alameda
2000 Grand Street
Alameda, CA 94501**CANCELLATION**

NOT APPLICABLE

AUTHORIZED REPRESENTATIVE



Janice Murphy

