

SERVICES AGREEMENT-RENEWAL AMENDMENT

This Amendment dated August 24, 2016 ("Amendment") shall amend the Services Agreement entered into on September 21, 2014 (the "Agreement") by and between [REDACTED] ("Customer") and The Kroger Co. for itself and its wholly owned subsidiaries and affiliates ("Pharmacy").

WHEREAS, pursuant to the Agreement, Pharmacy agreed to provide vaccinations to certain individuals identified by Customer; and

WHEREAS, the Customer agreed to compensate Pharmacy for provision of the same; and

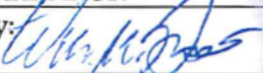
WHEREAS, the parties now desire to amend such Agreement.

NOW THEREFORE, the parties agree as follows:

1. Exhibit__ of the Agreement is hereby amended by deleting Exhibit _ and replacing it in its entirety with the new Exhibit A, B, C and/or D attached hereto.
2. Effectiveness. To the extent provided herein, this Amendment supersedes or modifies any inconsistent provision of the Agreement.
3. No Other Changes. Except as amended by the provisions in this Amendment, the Agreement shall remain in full force and effect.
4. First Amendment Effective Date. This Amendment is effective as of the date set forth above.
5. Counterparts. This Amendment may be executed in counterparts, each of which is deemed to be an original, and together all of which shall constitute one and the same document.

IN WITNESS WHEREOF, the parties have agreed to the foregoing:

PHARMACY:

By: 	Date: August 24, 2016
Title: Kroger Pharmacy Patient Care District Specialist	

CUSTOMER:

By: [REDACTED]	Date: 9/13/2016
Title: [REDACTED]	

Exhibit A

Clinic Services and Fees

Flu Clinic Size (mark one if applicable): L >100 Anticipated #>100

Type	Service/Product	Fee	Allowed	
Seasonal Vaccine Administration Services	Trivalent Influenza vaccine	Will bill any insurance first. If no Insurance \$23.00/dose	Yes	No
	Quadravalent Influenza vaccine	Will bill any insurance first. If no Insurance \$33.00/dose	Yes	No
	High Dose Influenza vaccine	Will bill any insurance first. If no Insurance \$33.00/dose	Yes	No
Non-Seasonal Vaccines Administration Services	Shingles (Zostavax)		Yes	No
	Tetanus/Whooping Cough (Tdap)		Yes	No
	Pneumonia (Pevnar)		Yes	No
	Pneumonia (Pneumovax)		Yes	No
	Hepatitis B		Yes	No
	Hepatitis A		Yes	No
	Hepatitis A/B Combination		Yes	No
	Hib		Yes	No
	HPV-9		Yes	No
	Japanese Encephalitis		Yes	No
	MMR (measles, mumps, rubella)		Yes	No
	Meningococcal		Yes	No
	Meningococcal B		Yes	No
	Polio		Yes	No
	Rabies		Yes	No
	Typhoid		Yes	No
Chicken Pox Vaccine (Varicella)		Yes	No	
Yellow Fever		Yes	No	
Other Clinical Services	Biometric Health Screening		Yes	No
	Travel Consultation		Yes	No
	Diabetes Coaching		Yes	No
	Heart Health Coaching		Yes	No
	Tobacco Cessation Coaching		Yes	No
	Fitness, Nutrition, & Wt Mgmt Coaching		Yes	No
	Diabetes Prevention Program		Yes	No
	Naloxone Prescribing (Opiate Overdose)		Yes	No
	Hormonal Contraception Prescribing		Yes	No
	Comprehensive Medication Review		Yes	No
	Medication Synchronization Service		Yes	No
	Other:		Yes	No
	Other:		Yes	No
Other:		Yes	No	
Other:		Yes	No	
Prescription Claims	Anti-malarial Prescriptions		Yes	No
	Anti-diarrheal Prescription		Yes	No
	Altitude Sickness Prophylaxis		Yes	No
	Motion Sickness Prophylaxis		Yes	No
	Hormonal Contraception		Yes	No
	Naloxone: _____		Yes	No
	Other:		Yes	No
Other:		Yes	No	

Exhibit B
Locations and Times

Location	Date	Time
To be determined by the CUSTOMER	To be determined by the CUSTOMER	To be determined by the CUSTOMER

Exhibit C
Vouchers (if applicable)

PHARMACY will provide "Voucher(s)" to the CUSTOMER with limited personal information for eligible members to receive Services as of the date the Voucher is provided.

The Voucher will be distributed to eligible CUSTOMER personnel through internal channels. When applicable CUSTOMER will provide sample vouchers when not already provided to CUSTOMER by PHARMACY. For CUSTOMER generated vouchers, CUSTOMER will ensure that information required by PHARMACY is included in the printed information.

For each Participant, PHARMACY will collect the Voucher and check personal ID to ensure eligibility prior to providing the Services. Redeemed Vouchers will not be returned to CUSTOMER.

If the CUSTOMER wishes to have Vouchers, they shall be valid beginning and ending on dates decided upon by the CUSTOMER.

PHARMACY shall provide the Services to any Participant who satisfies all of the above criteria.