AMENDMENT NO. 1
TO THE AGREEMENT FOR SERVICES
BETWEEN THE
CITY OF SANTA CLARA, CALIFORNIA,
AND
THE PERMANENTE MEDICAL GROUP, INC.

PREAMBLE

This agreement ("Amendment No. 1") is entered into between the City of Santa Clara, California, a chartered California municipal corporation (City) and The Permanente Medical Group, Inc., a California corporation, (Contractor). City and Contractor may be referred to individually as a "Party" or collectively as the "Parties" or the "Parties to this Agreement."

RECITALS

A. The Parties previously entered into an agreement entitled "Agreement for the Performance of Services by and Between the City of Santa Clara, California and the Permanente Medical Group, Inc.", dated September 14, 2017 (the "Original Agreement"); and

B. The Parties entered into the Original Agreement for the purpose of having Contractor provide professional medical services for public safety employees, and the Parties now wish to amend the Original Agreement to replace Exhibit B "Fee Schedule," to reflect alteration to PPD testing, addition of physician consultation time, and addition of QuantiFERON testing.

The Parties agree as follows:

AGREEMENT TERMS AND CONDITIONS

1. AMENDMENT TERMS AND CONDITIONS

Exhibit B "Fee Schedule" of the Original Agreement, is hereby deleted in its entirety and replaced with a new Exhibit B in the form attached hereto as "Exhibit B First Amended Fee Schedule."

2. TERMS

All other terms of the Original Agreement which are not in conflict with the provisions of this Amendment No. 1 shall remain unchanged in full force and effect. In case of a conflict in the terms of the Original Agreement and this Amendment No. 1, the provisions of this Amendment No. 1 shall control.

3. COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but both of which shall constitute one and the same instrument.

The Parties acknowledge and accept the terms and conditions of this Amendment No. 1 as evidenced by the following signatures of their duly authorized representatives.

CITY OF SANTA CLARA, CALIFORNIA
a chartered California municipal corporation

APPROVED AS TO FORM:

Approved as to Form:

For BRIAN DOYLE
City Attorney

Dated: 11-18-19

DEANNA J. SANTANA
City Manager
1500 Warburton Avenue
Santa Clara, CA 95050
Telephone: (408) 615-2210
Fax: (408) 241-6771

"CITY"

THE PERMANENTE MEDICAL GROUP, INC.
a California corporation

Dated: 10/31/2019
By (Signature): Lavanya Kailar MD
Name: Lavanya Kailar, MD, MPH

Title: Medical Director, KPOJ Occupational Health and Safety Services - NCAL

Principal Place of Business Address: Occupational Health Sales and Account Management
1800 Harrison Street, 9th Floor
Oakland, CA 94612
Attention: Sales Manager

"CONTRACTOR"

AGREEMENT FOR THE PERFORMANCE OF SERVICES
BY AND BETWEEN THE
CITY OF SANTA CLARA, CALIFORNIA,
AND
THE PERMANENTE GROUP, INC.

EXHIBIT B

FIRST AMENDED FEE SCHEDULE

Consultant shall provide a schedule of rates and fees which includes all billing amounts and costs as follows (if applicable), such as:

OCCUPATIONAL HEALTH AND SAFETY SERVICES TO BE PROVIDED TO THE CITY OF SANTA CLARA FIRE DEPARTMENT.

FIREFIGHTER PREPLACEMENT EXAM (FFPP)		
300398	Firefighter Physical Exam	$95.00
92552	Audiogram, screening	$30.00
94010	Spirometry	$35.00
300422	PPD, 2 step, 2 placements and readings *(no charge to current KP HP members)* *-OR-*	$30.00
86480	QuantiFERON	$127.00
71045	Chest X-Ray, 2 views (baseline)	$65.00
85025	CBC with automated differential	$15.00
80053	Chem Comprehensive Panel	$35.00
86704	Titer: Hepatitis B Core Antibody, HBcAb	$31.00
86803	Titer: Hepatitis C	$45.00
86708	Hepatitis A IgG Antibody, HAAb (titer)	$40.00
86706	Hepatitis B Surface antibody, HBSAb	$31.00
36415	Venipuncture	$15.00

93000	EKG, resting -and-	$50.00
93015	Cardiac Stress Test with Treadmill	$230.00
300420	Drug Screen Preferred Alliance "Quick Test"	Billed by Preferred Alliance
300413	Form completion (2 or more pages for DMV/DOT Exam)	$25.00
As Clinically Indicated:		
90746	Vaccine: Hepatitis B *(series of 3 injections) (no charge to current KP HP members)*	$94.00/injection
90632	Vaccine: Hepatitis A (series of 2 injections)	$96.00/injection
90707	Vaccine: MMR injection (series of 2 injections, if indicated)	$76.00/injection
90716	Vaccine: Varivax (chickenpox)(series of 2 injections if indicated)	$132.00/injection
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis)	$63.00
90713	Vaccine: Polio (eiPV) if no prior vaccination	$40.00
90658	Vaccine: Influenza (when seasonally available)	$20.00
86580	PPD, one placement and one reading *(no charge to current KP HP members)*	$20.00
71045	Chest X-Ray for positive PPD (1 view)	$55.00
81001	Urinalysis with microscopic (if abnormal UA dipstick)	$15.00
86735	Titer: Mumps antibody screen	$35.00
86762	Titer: Rubella antibody screen	$35.00
86765	Titer: Rubeola antibody screen	$35.00
86787	Titer: Varicella antibody screen	$35.00
300408	Physician Consultation; each additional 15 minutes	$60.00

FIREFIGHTER-ANNUAL OR PERIODIC (FFANN)		
300398	Firefighter Physical Exam	$95.00
92552	Audiogram, screening	$30.00
94010	Spirometry	$35.00
86480	QuantiFERON Testing	$127.00
85025	CBC with automated differential	$15.00
80053	Chem. Comprehensive Panel	$35.00
36415	Venipuncture	$15.00
93000	EKG Resting –AND-	$50.00
93015	Cardiac Stress Test with Treadmill (males 45+ or females 55+ with 2 or more NFPA risk factors) *-NFPA and Wellness*	$230.00
300413	Form completion (2 or more pages for DMV/DOT Exam)	$25.00
As Clinically Indicated:		
71045	Chest X-Ray for positive PPD (1 view)	$55.00
71046	Chest X-Ray for positive PPD + symptoms (2 views) (or baseline and @ every 5 years)	$65.00
81001	Urinalysis with microscopic (if abnormal UA dipstick)	$15.00
82274	Fecal Immunochemical Test (40+ or as clinically indicated- can be done by personal physician) *-NFPA and Wellness*	$30.00
84152	PSA for males; prostate specific antigen	$53.00
86580	PPD, one placement and one reading *(no charge to current KP HP members)*	$20.00
90746	Vaccine: Hepatitis B (series of 3 injections, if indicated or declination) *(no charge to current KP HP members)*	$94.00/injection
90632	Vaccine: Hepatitis A (series of 2 injections)	$96.00/injection

90713	Vaccine: Polio (eiPV) if no prior vaccination	$40.00
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis)	$63.00
90707	Vaccine: MMR injection (series of 2 injections, if indicated)	$76.00/injection
90716	Vaccine: Varivax (chickenpox)(series of 2 injections if indicated)	$132.00/injection
86735	Titer: Mumps antibody screen	$35.00
86762	Titer: Rubella antibody screen	$35.00
86765	Titer: Rubeola antibody screen	$35.00
86787	Titer: Varicella antibody screen	$35.00
300408	Physician Consultation; each additional 15 minutes	$60.00
FITNESS FOR DUTY/RETURN TO WORK (FFD/RTW)		
300397	Fitness for Duty Physical Exam, initial	$95.00
As Clinically Indicated:		
300408	Physician Consultation; each additional 15 minutes	$60.00
VACCINATION ONLY (VAX)		
90707	Vaccine: MMR injection (if indicated)	$76.00/injection
90716	Vaccine: Varivax (chickenpox)(if indicated)	$132.00/injection
90746	Vaccine: Hepatitis B *(series of 3 injections) (no charge to current KP HP members)*	$94.00/injection
90658	Influenza vaccine injection, as vaccine is available, *(no charge to current KP HP members)*	$20.00
90715	Vaccine: Tdap	$63.00
90713	Polio vaccine injection	$40.00
90632	Hepatitis A vaccine (Havarix), per injection (series of 2)	$96.00

RESPIRATOR MEDICAL EVALUATION- BASELINE/ ANNUAL (RESP)		
300415	Review of Respirator Questionnaire by MD/NP/RN	$35.00
As Clinically Indicated:		
71020	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
DMV/DOT EXAM (DMV)		
300390	DMV/DOT Physical Exam	$115.00

In no event shall the amount billed to City by Contractor for services under this Agreement exceed three hundred thirty-four thousand dollars ($334,000) for the term of this Agreement, subject to budget appropriations.