



**AMENDMENT NO. 1
TO
PROFESSIONAL SERVICES AGREEMENT
BETWEEN
OCCUMED PLUS - MCKINNEY, L.P. AND THE CITY OF MCKINNEY**

This Amendment No. 1 to Professional Services Agreement (“Amendment No. 1”) is made by and between the **City of McKinney** (“City”) and **Occumed Plus – McKinney, L.P.** (“Contractor”) effective March 1, 2026. Under this Amendment No. 1, Contractor shall provide services to and in accordance with the provisions of that certain agreement by and between the City and Contractor dated the 16th day of December 2015, relating to the provision of medical services and supplies to employees enrolled in the City’s self-funded healthcare benefit plan and their eligible dependents (the “Original Agreement”).

The City and Contractor agree as follows:

1. The Original Agreement is hereby amended by amending Section 2.8, entitled “Other Duties of Contractor,” to read as follows:

“2.8 Other Duties of Contractor. Contractor agrees to verify Enrollee’s eligibility prior to providing Medical Services by contacting City’s Third-Party Administrator, Cigna Health & Life Insurance Company, by calling (800) 244-6224.”

2. The Original Agreement is hereby amended by amending Section 4.1, entitled “Preferred Provider Arrangement,” to read as follows:

“4.1 Preferred Provider Arrangement. For as long as contractor is providing the Covered Services during the term of this agreement, Contractor should be City’s Preferred Provider (defined below) of the Covered Services. For the purpose hereof, “Preferred Provider” shall mean the provider of covered services to whom Enrollees shall pay a copay that is determined by the City of McKinney for Covered Services.”

3. The Original Agreement is hereby amended by amending Section 5.2, entitled “Notices,” to read as follows:

“5.2 Notices. Any notice, demand, or communication required, permitted, or desired to be given hereunder, shall be deemed effectively given when personally delivered or mailed by prepaid, certified mail, returned receipt requested, addressed as follows:

CITY
City of McKinney
401 E. Virginia St.
McKinney, TX 75069

CONTRACTOR
Occumed Plus, McKinney, L.P.
PO Box 462284
Garland, TX”

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4. The Original Agreement is hereby amended by amending Exhibit A – Covered Services, which shall be repealed in its entirety and replaced by that Exhibit A, attached hereto to this Amendment No.1 and incorporated herein by reference.
5. This Amendment No. 1, including the Original Agreement, is the entire agreement between the Parties. All other terms and conditions of the Original Agreement remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties hereby execute this amendment below:

For CITY OF MCKINNEY

For OCCUMED PLUS – MCKINNEY, L.P.

Signature: _____

Signature: _____

Name (printed): _____

Name (printed): _____

Title: _____

Title: _____

Date: _____

Date: _____

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Exhibit A
Covered Services

Each of the services set forth in the following list, when performed by Contractor (as defined in the Original Agreement) during its regular business hours, which may be changed from time to time in Contractor’s sole discretion, shall constitute “Covered Services” as such term is used in the Original Agreement.

Covered Employment Services

Substance Abuse Screening	
+Post-Injury drug screen+	No Charge
Instant 5 panel drug screen	\$60.00
Instant 10 panel drug screen	\$60.00
Urine (collection only, DOT and Non-DOT)	\$42.00
Urine (Occumed Lab results)	\$60.00
Breath Alcohol Test (DOT and Non-DOT)	\$55.00
Saliva Alcohol Swab	\$50.00
Hair Drug Screen	\$100.00
Hair Drug Screen (Collection only)	\$47.00

Physicals	
Basic Physical Exam	\$72.00
DOT Physical Exam	\$90.00
HAZMAT Exam	\$125.00
Respirator Physical	\$72.00
Respirator Questionnaire	\$36.00
Asbestos Physical	\$170.00
Fit-For-Duty Exam	\$110.00
Pre-employment Job Placement Assessment (JPA)	\$60.00
Return-To-Duty (JPA)	\$60.00

Other	
Respirator Fit Test – Quantitative	\$60.00
Respirator Fit Test – Qualitative	\$55.00
Pulmonary Function Test	\$55.00
Audiogram	\$48.00
EKG	\$85.00
X-Ray (1 view)	\$70.00
X-Ray (2 or more views)	\$85.00
Hepatitis B Vaccination	\$95.00 (Subject to change)

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Hepatitis Titer	\$65.00 (Subject to change)
Tetanus	\$36.00 (Subject to change)
TB/PPD Skin Test	\$36.00 (Subject to change)
Vision Acuity	\$30.00

Laboratory Testing	
CBC with differential	\$40.00
Basic Metabolic Panel	\$40.00
Hepatic Function Panel	\$45.00
Complete Metabolic Panel	\$40.00
Urinalysis	\$25.00
Lead Standard Profile, Blood	\$65.00
Lipid panel	\$50.00
Thyroid Stimulating Hormone	\$50.00
Prostate Specific Antigen	\$50.00
Hemoglobin A1c	\$50.00
Hemocult	\$50.00

After Hours Services (per hour)	
Instant Drug Screen (5 or 10 panel) & BAT	\$220.00
Injury Care	\$220.00

Covered Clinical Services

<u>CPT</u>	<u>Description of Service</u>	<u>Price</u>	<u>CPT</u>	<u>Description of Service</u>	<u>Price</u>
99203	Office Visit New Patient	\$100	90632	Hep A Vaccine	\$110
99213	Office Visit Follow Up	\$85	90656	Flu Vaccine	\$35
10060	Drainage of Skin Abscess	\$140	90707	MMR Vaccine	\$180
12001	Laceration Repair	\$285	90715	Tdap	\$70
71020	X-Ray Exam of Chest	\$70	90716	Varicella Vaccine	\$220
72040	X-Ray Exam of Neck	\$70	90734	Meningitis Vaccine	\$180
73030	X-Ray Exam of Shoulder	\$70	90746	Hep B Vaccine	\$90
73070	X-Ray Exam of Elbow	\$70	93000	EKG	\$60
73090	X-Ray Exam of Forearm	\$70	94640	Breathing Treatment	\$25
73100	X-Ray Exam of Wrist	\$70	99383	Prev Visit Age 5-11	\$50
73120	X-Ray Exam of Hand	\$70	99384	Prev Visit Age 12-17	\$50
73140	X-Ray Exam of Finger(s)	\$70	99385	Prev Visit Age 18-39	\$50
73510	X-Ray Exam of Hip	\$70	99386	Prev Visit Age 40-64	\$50
73560	X-Ray Exam of Knee 1/2	\$70	A4466	Garment Belt Sleeve	\$75
73600	X-Ray Exam of Ankle	\$70	A4565	Slings	\$30
73620	X-Ray Exam of Foot	\$70	E0114	Crutches	\$75
73660	X-Ray Exam of Toe(s)	\$70	L810	Knee Brace	\$165
86580	TB Test	\$20	L3807	WHF Brace	\$373
87804	Rapid Flu Test	\$35	L3908	Wrist Brace	\$95
87880	Rapid Strep Test	\$35	L4350	Ankle Stirrup Brace	\$145
97001	Physical Therapy Eval	\$200	97110	Physical Therapy Exercise	\$50

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*In the event Contractor offers additional services during the term of the Original Agreement or Amendment No. 1, upon seven (7) days' notice to the City, such services shall be deemed "Covered Services" as such term is used in the Original Agreement. Such services shall be priced at reasonable rates as agreed upon by the parties.

**All charges will be submitted to the City's third-party administrator under Tax ID# 45-2044134.

***Employees on the City Care or City Care Plus plan will have a \$0 co-pay at the time of services. Employees on the HDHP plan will have a \$20 office visit cost at the time of services.

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