

NETWORK PROVIDER SERVICES AGREEMENT

THIS NETWORK PROVIDER SERVICES AGREEMENT (“**Agreement**”), effective as of May 1, 2025 (the “**Effective Date**”), is made and entered into by and between MCC Health, PBC, contracting on behalf of the health benefit plan sponsor(s) identified on Attachment C (each a “**Plan Sponsor**”), and Aspen Physician Network, PLLC (“**Network**”).

WHEREAS, each Plan Sponsor identified on Attachment C is contracting individually with Network through its agent MCC Health, PBC, and this Agreement shall be interpreted as a separate agreement for each Plan Sponsor;

WHEREAS, Plan Sponsor sponsors a self-funded health benefit plan regulated by ERISA, as defined below (“**Plan**”), for its employees and their dependents who are eligible for and enrolled in the Plan (“**Participants**”);

WHEREAS, Network has contracted with the health care physicians, practitioners and facilities listed on Attachment A (each a “**Provider**” and collectively “**Providers**”) to create an integrated health care delivery network; and

WHEREAS, each party wishes to enter into this Agreement to facilitate the delivery of Covered Services (as defined below) by Providers to Participants.

NOW THEREFORE, in consideration of the terms and conditions set forth herein, the parties agree as follows:

SECTION 1. DEFINITIONS

- 1.1 “Covered Services” means those health care items and services for which the Plan is financially responsible. An item or service is only a Covered Service if it is medically necessary, as defined by the Plan.
- 1.2 “ERISA” means the Employee Retirement Income Security Act of 1974, as amended.

SECTION 2. DUTIES OF NETWORK AND PROVIDERS

- 2.1 Role of Network. Network represents and warrants that (i) it has authority to enter into this Agreement on its own behalf; and (ii) it has entered into agreements with the Providers identified on Attachment A to cause each Provider to facilitate the delivery of Covered Services to Participants . Network shall take all actions reasonably necessary to ensure Providers’ compliance with their respective obligations hereunder.
- 2.2 Health Care Services. Providers shall furnish Covered Services to Participants pursuant to the terms and conditions set forth in this Agreement. Providers shall verify the eligibility of Participant(s) prior to furnishing Covered Services, in accordance with Section 3.1. Each Provider shall bind its employees, health care providers, directors, officers, representatives, contractors, and agents (“**Personnel**”) to the applicable requirements of this Agreement. Providers retain full authority to control their business operations, locations, equipment,

Personnel, and scope of services, provided that they also satisfy their respective obligations under this Agreement.

- 2.3 Standards. Providers shall furnish Covered Services in accordance with applicable law, ethical guidelines, and standards of care. Providers shall not differentiate or discriminate in the treatment of any Participant because of (i) the person's status as a Participant; or (ii) any protected classification, including but not limited to, race, national origin, sex, gender, sexual orientation, and disability. For the benefit of Participants, Providers shall make commercially reasonable efforts to refer Participants to other in-network providers of Plan. Providers shall ensure coverage for Participants on a 24/7 basis in a manner that is appropriate to the applicable Provider's specialty. Providers shall participate in any quality improvement, case management, or similar programs offered by Plan Sponsor for the benefit of Participants.
- 2.4 Credentialing. Providers and their respective Personnel shall maintain all necessary licenses, accreditations, certifications and/or training required by law and the Plan in order to furnish Covered Services. Network or Providers shall (i) provide Plan Sponsor or its designee with evidence of each Provider's qualifications prior to the Effective Date and upon request; and (ii) promptly notify Plan Sponsor of any change to such information or the occurrence of any event identified in Section 5.2(b). Providers' Personnel who are subject to credentialing must have their credentials verified prior by Provider to furnishing Covered Services under this Agreement.
- 2.5 Roster. Network shall identify all Providers on Attachment A. Network shall notify Plan Sponsor or its designee promptly of any changes to the information in Attachment A.
- 2.6 Records. Providers shall maintain medical records and documents relating to Participants as required by applicable law and for the period of time required by law. Medical records of Providers and any other records containing individually identifiable information relating to Participants shall be regarded as confidential, and Providers and Plan Sponsor shall comply with applicable federal and state law regarding such records. Subject to Section 6.1, Providers shall provide Plan Sponsor and government agencies with access to and/or copies of any records related to Participants or this Agreement at no additional charge as reasonably necessary or as required by law.
- 2.7 Data. Network, Providers, and Plan Sponsor shall cooperate in exchanging such data as may be necessary to fulfill the purposes of this Agreement, subject to Section 6.1.

SECTION 3. DUTIES OF PLAN SPONSOR

- 3.1 Participant Identification; Benefits. Plan Sponsor or its designee shall provide a readily-accessible means for verification of Participants' eligibility and benefits.
- 3.2 Relationship to Plan. MCC Health, PBC shall bind each Plan Sponsor and its Plans to comply with all applicable provisions of this Agreement. Provider acknowledges and agrees that each Plan Sponsor is singularly responsible for its own compliance under this Agreement, and there is no joint and several liability among Plan Sponsors by virtue of this Agreement.

- 3.3 Policies and Procedures. Plan Sponsor reserves the right to adopt and amend policies and procedures for administration of the Plan and this Agreement (“Plan Documents”). Plan Sponsor shall make any such policies and procedures available to Network and Providers, and Network and Providers agree to comply with the same. In the event of a conflict between this Agreement and the Plan Documents, this Agreement shall prevail.

SECTION 4. PAYMENTS

- 4.1 Payments. Providers agree to accept the applicable rate set forth in Attachment B as payment in full for Covered Services furnished to Participants. Providers shall submit complete claims to Plan Sponsor’s third party administrator, as directed by Plan Sponsor, or as otherwise set forth in Attachment B. Providers shall use the claim and coding guidelines published by the Centers for Medicare & Medicaid Services (“CMS”). Providers shall submit claims within ninety (90) days of the date of service, the date of discharge, or the date of adjudication by the primary payor, as applicable. Providers shall make best efforts to submit claims electronically. Providers shall not seek reimbursement from Participants for Covered Services, except as may be described in Attachment B.
- 4.2 Non-Covered Services. Providers may bill Participants for any item or service that is not considered a Covered Service by the Plan, provided that (i) Provider has informed Participant in advance that the specified item or service is not a Covered Service; and (ii) Participant has agreed in writing to receive, and be financially responsible for, that particular item or service prior to it being provided.
- 4.3 Coordination of Benefits. Providers shall follow coordination of benefits rules as directed by Plan Sponsor. Where Plan is the secondary payor, Providers shall bill and collect from the primary payor before submitting a claim under Section 4.1.
- 4.4 Overpayments. The parties acknowledge and agree that Plan Sponsor does not intend to engage in routine prepayment utilization management activities. Nevertheless, in the event Plan Sponsor reasonably determines that it has made payment for item(s) and/or service(s) that are not Covered Services, or that were provided to a patient who was not a Participant on the date of service, or where there is a finding of fraud, waste or abuse by a Provider, in Plan Sponsor’s sole discretion as determined in good faith, (i) Plan Sponsor may recoup such payment upon notice to the applicable Provider; and/or (ii) that Provider shall refund such overpayment within thirty (30) days of demand from Plan Sponsor. Disagreements about such overpayments shall be subject to the dispute resolution procedures set forth in Section 6.6.

SECTION 5. TERM AND TERMINATION

- 5.1 Term. This Agreement shall commence as of the Effective Date and shall remain in full force and effect until the end of the then-current calendar year, unless earlier terminated as provided in Section 5.2. Thereafter, this Agreement shall automatically renew for additional one (1) year terms, unless either party provides notice of non-renewal at least ninety (90) days prior to the end of the then-current contract year.
- 5.2 Termination.

- a. Either party may terminate this Agreement for cause due to a material breach by the other party by giving thirty (30) days' prior written notice. The notice of termination for cause shall not be effective if the breaching party cures the breach to the reasonable satisfaction of the non-breaching party within such notice period.
- b. MCC Health, PBC may terminate this Agreement or a Provider immediately by written notice in the event Network or a Provider, as applicable: (i) fails to maintain licensure or accreditation to provide the Covered Services, as applicable; (ii) fails to maintain insurance as required by this Agreement; (iii) is convicted of a felony crime; (iv) is excluded from a federal health care program; (v) is found liable for medical malpractice by a court of competent jurisdiction; (vi) is insolvent; (vii) is found to have engaged in fraud, waste and/or abuse as determined in good faith by Plan Sponsor in accordance with Section 4.4; or (viii) acts, or fails to act, in a manner that places Plan, Plan Sponsor or a Participant at material risk as determined in good faith by MCC Health, PBC or Plan Sponsor.
- c. Any obligation arising prior to the date of termination, and any provision that by its nature is intended to survive, shall survive termination. Further, this Agreement shall continue to apply to Covered Services (i) for up to ninety (90) days following termination to the extent necessary to allow Participants to transition to other health care providers; or (ii) until the date of discharge, for any Participant with inpatient status as of the date of termination.
- d. Each Plan Sponsor may exercise these termination rights individually as to its participation in this Agreement. MCC Health, PBC may also exercise these termination rights as party to this Agreement.

SECTION 6. GENERAL PROVISIONS

6.1 HIPAA, Confidentiality, Non-Disclosure.

- a. The parties, Plan Sponsor and Providers shall comply with all applicable laws and regulations regarding maintenance and disclosure of Participants' medical records and other individually identifiable health information. In particular, the parties, Plan Sponsor and Providers shall comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the applicable rules and regulations promulgated thereunder, all as amended from time to time (collectively, "**HIPAA**"). Network represents and warrants that it is the business associate of each Provider and has entered into business associate agreements with all Providers reflecting such status.
- b. The parties, Plan Sponsor and Providers shall keep strictly confidential any and all proprietary information of any of the other entities that may be given or disclosed, or that may be learned directly or indirectly, pursuant to this Agreement. In addition, no party, Plan Sponsor or Provider shall use such confidential information for its own benefit (other than to implement this Agreement) or disclose such

confidential information to any other person or entity (except those professional advisors who are bound to confidentiality) without the express prior written consent of the entity that owns or controls the confidential information, or as required by law. Notwithstanding the foregoing, this Agreement and its attachments shall not be considered confidential information hereunder.

- c. A breach or threatened breach of this Section 6.1 may cause irreparable harm and injury to the parties, Plan Sponsor or Providers for which money damages are inadequate. In the event of such breach or threatened breach, the disclosing party shall be entitled to seek injunctive relief, in addition to all other available remedies, without the requirement of posting a bond or any other security.
 - d. This Section 6.1 shall survive the termination of this Agreement.
- 6.2 Patient Choice/Discussion of Treatment Options. The parties acknowledge and agree that nothing in this Agreement shall be construed to (i) interfere with a Participant's freedom of choice to receive medical services from Providers or any other health care provider; or (ii) prohibit, impede, or interfere in discussions between Participants and health care providers regarding medical treatment options. Subject to Section 2.3, a Provider shall be under no obligation to furnish a Covered Service to which the Provider has a moral or ethical objection.
- 6.3 Professional Judgment. Plan Sponsor shall not exercise control or direction over the manner or method by which Providers render Covered Services under this Agreement and shall not interfere with the professional medical judgment of any health care provider. Accordingly, each Provider shall indemnify and hold harmless Plan Sponsor and its agents for any and all damages arising from the acts or omissions of that Provider or its Personnel under this Section 6.3. Providers shall notify Plan Sponsor or its designee promptly upon receipt of a grievance or complaint from a Participant.
- 6.4 Independent Contractors. Each party acts as an independent contractor to the other party. Neither party has express or implied authority to assume or create any obligation on behalf of the other. Neither party's employees, agents, or representatives have any right to the employee benefits offered by the other party solely by virtue of this Agreement.
- 6.5 Insurance. Each Provider represents and warrants that it has and shall maintain professional, general liability, and other applicable industry standard insurance coverage against claims arising out of its or its Personnel's acts or omissions hereunder, at minimum amounts of no less than \$200,000 per occurrence and \$600,000 in the annual aggregate. Network shall maintain such insurance coverage as is customary for a similarly situated entity in Network's industry.
- 6.6 Dispute Resolution. In the event that a dispute arises under, or in connection with, this Agreement, between the parties regarding the performance or interpretation of this Agreement, the parties agree that they shall first meet and attempt in good faith to resolve the dispute prior to the initiation of any other legal action. Such informal dispute resolution process may include mediation, upon the mutual agreement of the parties. If such efforts

fail to produce a mutually acceptable resolution of the dispute, either party may initiate binding arbitration in Dallas County, Texas, in accordance with the rules of the American Health Law Association before a single arbitrator, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Further, each Plan Sponsor may participate in dispute resolution individually if no other Plan Sponsor is affected by the dispute. The administrative charges, arbitrator's fees and related expenses of arbitration shall be borne equally by the parties, although the award may assess such amounts to a party. The parties and their representatives shall hold the existence, content and result of the mediation, and (except in event of confirmation or enforcement of the award) arbitration, in confidence. The arbitrator shall not be empowered to award punitive damages. Notwithstanding, nothing herein shall prevent either of the parties from obtaining from a court a temporary restraining order or preliminary injunctive relief to preserve the status quo or prevent any irreparable harm pending the arbitration of the underlying claim, dispute, and/or controversy.

- 6.7 Modification for Change in Law. To the extent that any law, rule, regulation or standard of any authority having jurisdiction over a party to this Agreement or the subject matter of this Agreement (including an applicable accrediting agency) shall raise question as to the legality, enforceability, or appropriateness of this Agreement or any provision hereof, the parties agree to negotiate promptly regarding any modification needed to bring this Agreement into compliance with such applicable law, rule, regulation or standard. Should the parties be unable to agree upon such modification within a period of thirty (30) days from the date either party gave notice of the issue to the other party, or within such shorter period of time necessary to avoid illegality, this Agreement may be terminated by either party upon notice to the other party.
- 6.8 Entirety and Modification. This Agreement, together with the attachments which are hereby incorporated by reference, constitutes the entire agreement between the parties with respect to the subject matter hereof, and as of the Effective Date, shall supersede any previous agreements or understandings, written or oral, between the parties. If Plan Sponsor has access to a Provider's services under another agreement, e.g., a direct agreement or a wrap network participation agreement, Plan Sponsor shall designate the agreement that controls as to that Provider. Except as otherwise set forth herein, all modifications of this Agreement shall be in writing and signed by both parties.
- 6.9 Governing Law; Venue. This Agreement shall be interpreted and governed by the laws of the State of Texas, without regard to any conflicts of law principles, and without regard to any construction in favor of either party by reason of the drafting of this Agreement. Except as otherwise provided herein, any action by either party, whether at law or in equity, shall be commenced and maintained, and venue shall lie exclusively in, Dallas County, Texas.
- 6.10 Assignment; Subcontracting. Except as otherwise permitted herein, neither party shall have the right to assign, delegate, or otherwise transfer any or all of its rights and/or obligations under this Agreement to any third party without the prior written consent of the other party, which consent shall not be unreasonably withheld; provided that MCC Health, PBC may assign to an affiliate or successor-in-interest. Further, each Plan Sponsor may assign its participation under this Agreement to any affiliate or successor-in-interest. Providers may

not subcontract with third parties to furnish Covered Services under this Agreement, unless otherwise authorized in writing by Plan Sponsor or its designee.

- 6.11 Compliance with Laws. Each party, Plan Sponsor and Provider enters into this Agreement with the intent of conducting itself in full compliance with applicable federal, state and local law. This Agreement has been negotiated in an arms-length transaction and (i) does not require or guarantee any minimum level of Covered Services to be provided hereunder; and (ii) does not take into account any referrals or other business that may exist between the parties.
- 6.12 Use of Name and Other Information. Subject to the prior written approval of Network, Network and each Provider agrees that Plan Sponsor may include information about Network and Providers on a publicly available website and in literature distributed to existing or potential Participants.
- 6.13 Notices. Any notice required under this Agreement must be in writing and either hand delivered or sent by United States mail postage prepaid or overnight courier to the applicable party at the address listed on the signature page. Either party may change its address for notices by giving written notice of the change to the other party in the same manner. Notwithstanding the foregoing, Plan Sponsor or its designee may send routine communications regarding this Agreement and/or the Plan to Providers via electronic means.
- 6.14 Waiver of Breach; Severability. If either party waives a breach of any provision of this Agreement, it shall not operate as a waiver of any subsequent breach. If any portion of this Agreement is deemed unenforceable for any reason, it shall not affect the enforceability of any remaining portions.
- 6.15 Multiple Counterparts. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Agreement for each Plan Sponsor.

[Signature Page(s) to Follow]

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as set forth below.

MCC HEALTH, PBC,
contracting on behalf of the Plan Sponsor(s)
identified on Attachment C

Signature: _____

Name: _____

Title: _____

Date: 4/9/2025

NETWORK,
contracting on behalf of itself and the
Providers identified on Attachment A

Signature: _____

Name: _____

Title: _____

Date: 4/9/2025

Notice Address:

Notice Address:

ATTACHMENT A
Network Providers

Provider Name	Provider Location(s)	Provider Specialty(ies)

Network will furnish an updated roster of Providers at any time upon Plan Sponsor's or its designee's request.

ATTACHMENT B
Reimbursement Rates

Plan Sponsor shall pay Providers for Covered Services at the lesser of billed charges or the percentage of the then-current Medicare fee schedule (**the “RBRVS Amount”**) applicable to the Covered Service listed on the attached schedule. For Covered Services reimbursed under the Medicare Physician Fee Schedule, the Dallas Locality, Non-Facility Price shall apply. Notwithstanding the foregoing, Plan Sponsor shall not pay any supplemental or add-on payments that Medicare may otherwise pay to Providers under Medicare programs, including but not limited to, any quality or value-based program payments, graduate medical education payments and/or bad debt reconciliations. Plan Sponsor or its designee shall have the right to determine the reimbursement rate for any item or service that does not have an established rate on a Medicare fee schedule.

The parties acknowledge and agree that Providers shall not collect any coinsurance or other payment from any Participant for Covered Services furnished under this Agreement, except as otherwise directed by Plan Sponsor.

Same-day Payments

At its discretion, Plan Sponsor may offer Providers a method to request payment prior to the provision of a Covered Service. In such cases, Covered Service must be authorized by scheduling the provision of Covered Service using the “Mishe” electronic system, or another system or process approved by MCC Health, PBC. Adjudication of a claim for Covered Services within the Mishe electronic system will occur immediately after the provision of Covered Services. Upon adjudication, the Provider shall receive immediate transfer of the reimbursement rate for Covered Service.

Should the actual service differ from what was originally authorized at the time of scheduling, Providers may indicate the discrepancy using the Mishe electronic system during the adjudication process. Any reimbursement reconciliation will be made pursuant to the authorization of the new or modified service, but such reimbursement reconciliation will not delay payment for the originally authorized service.

Provider acknowledges that Covered Services rendered without proper authorization using the Mishe electronic system may not be eligible for same-day reimbursement and such reimbursements may be subject to standard claims processing procedures in accordance with Section 4.1.

ATTACHMENT C

Plans / Plan Sponsors

Radical Ventures, LLC
Mark Cuban Cost Plus Drug Company, PBC

AMENDMENT TO NETWORK PROVIDER SERVICES AGREEMENT

AMENDMENT NO. 1

This Amendment No. 1 ("**Amendment**") to the Network Provider Services Agreement dated October 1, 2025 ("**Original Agreement**") is made and entered into as of October 1, 2025 ("**Amendment Effective Date**"), by and between MCC Health, PBC, contracting on behalf of the health benefit plan sponsor(s) identified on Attachment C to the Original Agreement (each a "**Plan Sponsor**") and Aspen Physician Network PLLC ("**Network**").

WHEREAS, the parties entered into the Original Agreement effective May 1, 2025;

WHEREAS, the parties desire to modify certain terms and conditions of the Original Agreement as set forth herein;

NOW THEREFORE, in consideration of the mutual covenants and agreements contained herein, the parties agree as follows:

SECTION 1. REPLACEMENT OF ATTACHMENT B ATTACHED SCHEDULE

The attachment scheduled referred to in Attachment B to the Original Agreement is hereby deleted in its entirety and replaced with the new schedule attached hereto and incorporated herein by reference.

All references to Attachment B in the Original Agreement shall be deemed to refer to the new Attachment B as set forth in this Amendment.

SECTION 2. NO OTHER CHANGES

Except as specifically set forth in Section 1 above, all other terms, conditions, and provisions of the Original Agreement remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment as set forth below.

MCC HEALTH, PBC,
contracting on behalf of the Plan Sponsor(s)
identified on Attachment C


NETWORK,
Contracting on behalf of itself and the
Providers identified on Attachment A

Signature: 

Signature: 

Name: 
Title: 
Date: 

Name: 
Title: 
Date: 

Notice Address:


Notice Address:


ATTACHMENT B – Attached Schedule

[Enclosed as Aspen FFS Schedule (Final – 10.1.25).xlsx]

Row Number	Type of Service	Service Code Ranges	Rate and Reimbursement Method
1	Anesthesia	00100-00222 00300-00352 00400-00474 00500-00580 00600-00670 00700-00797 00800-00882 00902-00952 01112-01173 01200-01274 01320-01444 01462-01522 01610-01680 01710-01782 01810-01860 01916-01942 01951-01953 01958-01969 01990-01999	\$75 per unit
2	Medicine	90460-90474 90785-91299 92002-96203 96380-96381 96567-99199 99500-99607	Medicine Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 140% of the RBRVS Amount.
3	Medicine-Therapies (PT/OT/ST) provided by a licensed physical, occupational or speech therapist	97161-97164 97110, 97112, 97116, 97140 97010, 97012, 97035 97165 - 97168 97530, 97535, 97110 97018, 97022 92507 - 92508, 92521 - 92523, 92526 92609, 96105	Medicine-Therapy Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 120% of the RBRVS Amount.
4	Medicine-Cardiac Studies in places of service (POS) 11, 24, and 49	93000-93799 in place of service (POS) 11, 24, 49	Medicine-Therapy Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 175% of the RBRVS Amount.
5	Evaluation & Management	99202 - 99499	Evaluation and Management Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 120% of the RBRVS Amount.
6	Surgery-Office/ASC Based in places of service (POS) 11, 20, 24 and 49	10004 - 69990 in place of service (POS) 11, 20, 24 and 49	Surgery Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 150% of the RBRVS Amount.
7	Surgery-Hospital/Facility Based in places of service (POS) 19, 21, 22, 23 or all other POS not specified	10004 - 69990 in places of service (POS) 19, 21, 22, 23 or all other POS not specified	Surgery Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 130% of the RBRVS Amount.
8	Imaging in places of service (POS) 11 or 49	70010 - 79445 in place of service (POS) 11 or 49	Imaging Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 115% of the RBRVS Amount.
9	Infusion Services	96380, 96361, 96365 - 96368, 96372 - 96376, 96401, 96402, 96409, 96411, 96413, 96415, 96417	Infusion Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 165% of the RBRVS Amount.
10	Laboratory Services	8000 - 89398 and any other laboratory code defined by CMS on the CLFS Pricing Amount, as defined in the Agreement.	Laboratory Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 60% of the CLFS Pricing Amount.
11	Drugs, biologicals, vaccines, and injectables assigned a National Drug Code (NDC) number	All drug, biologicals, vaccines and injectables that are assigned a National Drug Code (NDC) number.	Drugs, biologicals, vaccines, and injectables that are Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or ASP plus 6%
12	Durable medical equipment, prosthetics, orthotics, supplies (DMEPOS), and parenteral and enteral nutrition PEN Services	All codes that are priced on the DMEPOS of PEN fee schedule.	DMEPOS and PEN HCPCS Codes that are Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 60% of the DMEPOS or PEN Amount.
13	All Other Services		All other Covered Services shall be reimbursed at the lesser of Provider's Billed Charges or 120% of the RBRVS Amount.