

PROVIDER SERVICES AGREEMENT

THIS PROVIDER SERVICES AGREEMENT (“Agreement”), effective as of July 1, 2026 (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 Children’s Health System of Texas on behalf of its affiliated providers and facilities listed on Attachment A (individually and collectively referred to herein as “**Provider**”).

WHEREAS, each Plan Sponsor identified on Attachment C is contracting individually with Provider 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, Provider consists of one or more licensed health care providers; and

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

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

SECTION 1. DEFINITIONS

- 1.1 Clean Claim means a claim for Covered Services submitted by Provider for payment that: (i) is timely submitted; (ii) on a legible CMS 1500 form or UB 04 form, as applicable, or its successor or electronic equivalent; (iii) includes each of the following data elements: patient name, patient’s date of birth, Participant identification number, Provider’s name, address and tax ID number, date(s) of service or purchase, diagnosis narrative or ICD-10 code (or its successor), procedure code, services and supplies provided, the Provider’s charges and any other data elements, attachments or information mutually agreed upon in writing by the parties; and (iv) complies with applicable law.
- 1.2 Covered Services means those health care items and services for which the Plan is financially responsible, as further described in Attachment A. An item or service is only a Covered Service if it is medically necessary, as defined by the Plan.
- 1.3 ERISA means the Employee Retirement Income Security Act of 1974, as amended.

SECTION 2. DUTIES OF PROVIDER

- 2.1 Provider Services. Provider shall furnish Covered Services to Participants pursuant to the terms and conditions set forth in this Agreement. Provider shall verify the eligibility of Participant(s) prior to furnishing Covered Services, in accordance with Section 3.1. Provider shall ensure its employees and contractors providing Covered Services for

Provider under this Agreement (“**Personnel**”) abide by the applicable requirements of this Agreement. Provider retains full authority to control its business operations, locations, equipment, Personnel, and scope of services, provided that it also satisfies its obligations under this Agreement.

- 2.2 Standards. Provider shall furnish Covered Services in accordance with applicable law, ethical guidelines, and standards of care. Provider 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, Provider shall make commercially reasonable efforts to refer Participants to other in-network providers of Plan. Provider shall ensure coverage for Participants on a 24/7 basis in a manner that is appropriate to Provider’s specialty. Provider shall reasonably participate in quality improvement, case management, or similar programs offered by Plan Sponsor for the benefit of Participants.
- 2.3 Credentialing. Provider and its Personnel shall maintain all necessary licenses, accreditations, certifications and/or training required by law and the Plan in order to furnish Covered Services. Pursuant to the Delegated Credentialing Agreement attached hereto as Attachment D, Professional Providers shall (i) provide Plan Sponsor or its designee with evidence of such qualifications prior to the Effective Date and upon request; and (ii) immediately notify Plan Sponsor of any change to such information or the occurrence of any event identified in Section 5.2(b) as to Provider. Personnel who are subject to credentialing must have their credentials verified by Provider prior to furnishing Covered Services under this Agreement.
- 2.4 Participating Locations and Providers. Provider shall render Covered Services to Participants at the service locations and through the individual health care providers, if applicable, listed on Attachment A. Provider shall notify Plan Sponsor or its designee promptly of any changes to the information set forth on Attachment A. Plan Sponsor shall add additional service locations within thirty (30) days following receipt of Provider’s notice, subject to satisfaction of credentialing.
- 2.5 Records. Provider 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 Provider and any other records containing individually identifiable information relating to Participants shall be regarded as confidential, and Provider and Plan Sponsor shall comply with applicable federal and state law regarding such records. Subject to Section 6.2, Provider shall provide Plan Sponsor and government agencies with access to and/or copies of any records related to Participants or this Agreement as reasonably necessary or as required by law.
- 2.6 Data. The parties shall cooperate in exchanging such data as may be necessary to fulfill the purposes of this Agreement, subject to Section 6.2.

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. If Provider follows the procedure for verification of eligibility or pre-certification or authorization of coverage or benefits and provides Covered Services in reliance on such verification or authorization, Plan Sponsor shall not retroactively deny, withhold, reduce, or request a refund for, payment for any Covered Services if it is later determined that the determination of eligibility or authorization of coverage or benefits was in error.
- 3.2 Cost Share. For Covered Services rendered by Provider under this Agreement, Plan Sponsor shall either (i) ensure that the Plan does not require any cost share amounts from Participants; or (ii) collect any such cost share amounts directly from Participant.
- 3.3 Relationship to Plan. MCC Health, PBC shall bind through a written agreement each Plan Sponsor and its Plans to comply with all applicable provisions of this Agreement and shall not vary, alter or contradict the terms 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. Upon request, MCC Health, PBC shall reasonably assist Provider in its collection efforts from a Plan Sponsor upon Provider's request including, but not limited to: (i) providing a copy of MCC Health, PBC's agreement with the Plan Sponsor and any other agreements signed by the Plan Sponsor relating to the claim; (ii) providing written communications exchanged between MCC Health, PBC and the Plan Sponsor relating to a claim; (iii) providing notice to the Plan Sponsor that additional amounts are due on a claim, including loss of discount; and/or (iv) providing Plan Sponsor contact information to Provider.
- 3.4 Addition of Plan Sponsors. MCC Health, PBC shall provide thirty (30) days' prior written notice to Provider of the proposed addition of a Plan Sponsor to Attachment C. Provider must affirmatively agree in writing to the addition of the Plan Sponsor. MCC Health, PBC or Provider may remove Plan Sponsor(s) from the Agreement upon advance written notice to the other party..
- 3.5 Policies and Procedures. Plan Sponsor reserves the right to adopt and amend policies and procedures for administration of the Plan and this Agreement. Plan Sponsor shall make any such policies and procedures available to Provider, and, to the extent such policies and procedures are not in conflict with this Agreement, Provider agrees to comply with the same. Notwithstanding the foregoing, any policies, procedures or rules which are reasonably likely to: (i) result in denials of claims for payment submitted by Provider; (ii) result in delays of payment for claims submitted by Provider; (iii) change the processes, protocols or procedures Provider must follow in order for services to be covered or claims to be paid; (iv) increase the administrative procedures which Provider must follow; (v) have the effect of reducing the amount of payment to Provider as a result of the application or conduct of audits, reviews, down coding methodologies, or bundling/unbundling logic; or (vi) otherwise impose an additional administrative burden on Provider; shall require the prior written agreement of Provider. In the event of a conflict between this Agreement and the Plan Sponsor's policies and procedures, this Agreement shall prevail.

- 3.6 Plan Document. Plan Sponsor retains sole responsibility for ensuring that (i) its Plan(s) and its operations comply with ERISA and any other applicable law; and (ii) its Plan document(s) are consistent with the requirements of this Agreement, such that the terms and conditions of this Agreement may be given full force and effect without violating the Plan document(s). Plan Sponsor is also solely responsible for ensuring that its designee(s), including but not limited to any third party administrator, comply with the terms of this Agreement.

SECTION 4. PAYMENTS

- 4.1 Payments. Provider agrees to accept the applicable rate set forth in Attachment B as payment in full for Covered Services furnished to Participant. Provider shall submit claims to Plan Sponsor's third party administrator, as directed by Plan Sponsor, or as otherwise set forth in Attachment B. Plan Sponsor must obligate its third party administrator to comply with the applicable terms of this Agreement. Provider must be paid for all claims for Covered Services furnished to Participants within thirty (30) days of submission of a Clean Claim. Provider shall submit claims within one hundred eighty (180) days of the date of service, the date of discharge, or the date of adjudication by the primary payor, as applicable. Provider shall make best efforts to submit claims electronically. Provider shall not seek reimbursement from Participant(s) for Covered Services, except as may be described in Attachment B. If Plan Sponsor or Plan Sponsor's third party administrator determines that a bill is not a Clean Claim, it must notify Provider in writing by facsimile or electronic mail within twenty (20) calendar days of receipt of the claim of the specific additional information needed to constitute a Clean Claim and pay the Clean Claim within thirty (30) calendar days of receipt of the resubmitted claim from Provider. If Plan Sponsor or Plan Sponsor's third party administrator fails to notify Provider of any additional information needed to have a complete claim within twenty (20) calendar days of initial receipt of the claim, the claim shall be deemed to be a Clean Claim and paid accordingly. If complete and accurate payment of a Clean Claim is not received by Provider within thirty (30) days of receipt of the complete claim, Plan Sponsor shall no longer be eligible for the rates set forth on Attachment B and shall be obligated to pay the Clean Claim at Provider's normal billed charges and Provider may elect to terminate this Agreement in accordance with Section 5.2.
- 4.2 Reimbursement Methodology. The parties acknowledge that the current national guidelines used for medical coding and billing do not sufficiently account for the unique nature of this Agreement. MCC Health PBC and Provider mutually agree to review no less than fifty (50) claims subject to this Agreement within the Initial Term (as defined below). After review of the aforementioned claims, MCC Health PBC and Provider shall mutually agree on a coding and billing policy or reimbursement methodology (the "Policy"). The Policy shall apply to all subsequent claims. If the parties are unable to agree to a coding and billing policy or reimbursement methodology (the "Policy") either party can terminate this agreement without cause prior to the end of the initial term with a 90 day notice.
- 4.3 Non-Covered Services. Provider may bill Participant 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 some items or services they receive may not be Covered

Services; and (ii) Participant has nonetheless agreed in writing to be financially responsible for any non-covered items or services.

- 4.4 Coordination of Benefits. Provider shall follow coordination of benefits rules as directed by Plan Sponsor. Where Plan is the secondary payor, Provider shall bill and collect from the primary payor before submitting a claim under Section 4.1.
- 4.5 Overpayments. The parties acknowledge and agree that Plan Sponsor will not conduct prepayment utilization management activities for Covered Services rendered by Provider under this Agreement. 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 Provider, in Plan Sponsor's sole discretion, Plan Sponsor may request a refund of such payment upon written notice to Provider and Provider shall refund or dispute 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 6.8. Plan Sponsor may not seek refund of an overpayment from Provider more than one hundred eighty (180) days after the date payment was made.

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 for a period of one (1) year ("**Initial Term**"), unless earlier terminated as provided in Section 5.2. Thereafter, the 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. After the Initial Term, either party may terminate this Agreement at any time without cause upon ninety (90) days written notice to the other party.
 - b. 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.
 - c. MCC Health, PBC may terminate this Agreement in its entirety or as to a practice location listed on from Attachment A, immediately by written notice in the event Provider or a practice location, as applicable, (i) fails to maintain licensure or accreditation; (ii) fails to maintain insurance as required by this Agreement; (iii) is convicted of a crime; (iv) is excluded from a federal health care program; (v) is insolvent; or (vi) engages in fraud, waste or abuse. Provider shall prohibit any Personnel who cease to be appropriately licensed or who are excluded from a federal health care program from providing Covered Services hereunder.

d.

- e. 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; (ii) until the date of discharge, for any Participant with inpatient status as of the date of termination; or (iii) the period of time specified by continuity of care requirements under applicable law.
- f. Each Plan Sponsor or Provider may exercise these termination rights individually as to its participation in the Agreement. MCC Health, PBC may also exercise these termination rights as party to the Agreement.

SECTION 6. GENERAL PROVISIONS

- 6.1 Disclaimer. Each party shall be responsible for its own acts or omissions related to this Agreement.
- 6.2 HIPAA, Confidentiality, Non-Disclosure.
 - a. MCC Health, PBC, Provider and Plan Sponsors 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 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").
 - b. Each party shall keep strictly confidential any and all proprietary information of the other party that may be given or disclosed, or that may be learned directly or indirectly, pursuant to this Agreement. In addition, neither party 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 other party or as required by law. Notwithstanding the foregoing, this Agreement and its attachments shall not be considered confidential information hereunder.
 - c. This Section 6.2 shall survive the termination of this Agreement.
- 6.3 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 Provider or any other health care provider; or (ii) prohibit, impede, or interfere in discussions between Participants and health care providers regarding medical treatment options.
- 6.4 Professional Judgment. Neither MCC Health, PBC nor Plan Sponsor shall exercise control or direction over the manner or method by which Provider renders Covered Services under

this Agreement and shall not interfere with the professional medical judgment of any health care provider. Provider shall notify MCC Health, PBC promptly upon receipt of a grievance or complaint from a Participant.

- 6.5 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.
- 6.6 Insurance. Provider represents and warrants that it has and shall maintain professional, general liability, cybersecurity and other applicable industry standard insurance coverage against claims arising out of Provider's or its Personnel's acts or omissions hereunder, at minimum amounts of no less than \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate or a comparable program of self-insurance.
- 6.7 Dispute Resolution. In the event that a dispute arises 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 panel of three (3) arbitrators, unless the amount in dispute is less than \$1,000,000, in which case a single arbitrator shall be used. Further, each Plan Sponsor may participate in dispute resolution individually if no other Plan Sponsor is affected by the dispute. The arbitration award shall not include any punitive, exemplary, or other non-economic damage component. The prevailing party shall recover the fees and expenses of each arbitrator and all other costs and expenses incurred in the arbitration, including reasonable attorneys' fees.
- 6.8 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.
- 6.9 Entirety and Modification. This Agreement, together with the exhibits 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 Provider's services under a wrap network participation agreement, this Agreement shall prevail. Except as otherwise set forth herein, all modifications of the Agreement shall be in writing and signed by both parties.

- 6.10 Governing Law. 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.
- 6.11 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.
- 6.12 Compliance with Laws. Each party will conduct 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.
- 6.13 Use of Name and Other Information. Provider agrees that Plan Sponsor may include information about Provider on a publicly available website and in literature distributed to existing or potential Participants.
- 6.14 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 Provider via electronic means.
- 6.15 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.
- 6.16 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 FOLLOWS]

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)

[REDACTED]

[REDACTED]

CHILDREN'S HEALTH SYSTEM OF TEXAS contracting on behalf of the

[REDACTED] (00:45 CDT)

[REDACTED]

ATTACHMENT A

Covered Services and Participating Locations

The parties anticipate that Provider will furnish the following type(s) of Covered Services under this Agreement:

- Hospital services shall include all programs, facilities, and equipment necessary for care according to the rates set forth in Attachment B-1.

The parties anticipate that Provider will furnish Covered Services at the following locations:

- Children’s Medical Center of Dallas: 1935 Medical District Drive, Dallas, TX 75235
- Children’s Medical Center Plano: 7601 Preston Rd, Plano, TX 75024
- Legacy Trail Surgery Center dba Live Oak Surgery Center: 7211 Preston Road, Ste 2100, Plano TX, 75025
- Pediatric Imaging Associates, LLC: 7211 Preston Road, Ste 1400, Plano TX, 75025
- CHSR, LLC dba Children’s Health Andrews Institute for Orthopaedics and Sports Medicine: 7211 Preston Road, Ste 1100, Plano TX, 75025
- CHSR, LLC dba Children’s Health Andrews Institute for Orthopaedics and Sports Medicine: 6950 Stadium Ln, Frisco, TX, 75033
- CHSR, LLC dba Children’s Health Andrews Institute for Orthopaedics and Sports Medicine: 1300 Childrens Way, Ste 230, Prosper, TX, 75078
- CHSR, LLC dba Children’s Health Andrews Institute for Orthopaedics and Sports Medicine: 195 Murray Farm Dr, Ste 100, Fairview, TX 75069

- Physician/Professional Provider services shall be according to the rates set forth in Attachment B-2

The parties anticipate that Provider will furnish Covered Services at the following locations:

- Children’s Medical Center of Dallas: 1935 Medical District Drive, Dallas, TX 75235
- Children’s Medical Center Plano: 7601 Preston Rd, Plano, TX 75024
- Dallas Physician Medical Services for Children dba Children’s Health Medical Group: multiple locations to be provided via a roster

If applicable, Provider will furnish a roster of its individual health care providers prior to execution of this Agreement and at any time upon Plan Sponsor’s request.

ATTACHMENT B-1
Facility Reimbursement Rates

Plan Sponsor shall pay Provider for Covered Services at sixty-eight percent (68%) of Provider's billed charges for all services except as outlined in the Outpatient Compensation Schedule.

If an Ambulatory Surgery or Radiology services are performed as a result of an emergency room visit and found on the Outpatient Compensation Schedule, the claims for the surgery and/or radiology services will be paid at the applicable Outpatient Compensation Schedule payment rate in addition to Emergency services will be paid at the applicable emergency room rate. Observation services will be paid in addition to the emergency room visit rate and Outpatient Compensation Schedule rate.

The parties acknowledge and agree that Provider 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.

Outpatient Compensation Schedule

Billing Category	Procedure Name	CPT Code	Rev Code	Proposed Rate
Radiology CT	HCHG CT HEAD WO CONTRAST EXAM	70450	350	\$ 1,275
Radiology CT	HCHG CT HEAD W/CONTRAST EXAM	70460	350	\$ 1,275
Radiology CT	HCHG CT HEAD W/WO CONTRAST EXAM	70470	350	\$ 1,275
Radiology CT	HCHG CT SINUS WITHOUT CONTRAST	70486	350	\$ 1,275
Radiology CT	HCHG CT SINUS W/ CONTRAST	70487	350	\$ 1,275
Radiology CT	HCHG CT NECK W/CONTRAST EXAM	70491	350	\$ 1,275
Radiology CT	HCHG CT CHEST WO CONTRAST EXAM	71250	350	\$ 1,275
Radiology CT	HCHG CT CHEST W/CONTRAST EXAM	71260	350	\$ 1,275
Radiology CT	HCHG CT SPINE LUMBAR WO CONTR EXAM	72131	350	\$ 1,275
Radiology CT	HCHG CT PELVIS WO CONTRAST EXAM	72192	350	\$ 1,275
Radiology CT	HCHG CT ABDOMEN WITH ORAL & IV CONT	74170	350	\$ 1,275
Radiology CT	HCHG CT ABD AND PELVIS W/O	74176	350	\$ 1,275
Radiology CT	HCHG CT ABD AND PELVIS WITH	74177	350	\$ 1,275
Radiology CT	HCHG CT ABD AND PELVIS W & W/O	74178	350	\$ 1,275

Radiology MRI	HCHG MRI ORBIT,FACE,NECK W W/O CONT	70543	614	\$ 2,050
Radiology MRI	HCHG MRI HEAD ANGIOGRAPHY WO	70544	610	\$ 1,790
Radiology MRI	HCHG MRI BRAIN EXAM	70551	611	\$ 2,050
Radiology MRI	HCHG MRI BRAIN W/WO CONTRAST	70553	611	\$ 2,050
Radiology MRI	HCHG MRI CERVICAL SPINE W/O CONTRAS	72141	612	\$ 2,030
Radiology MRI	HCHG MRI CERVICAL SPINE W/CONTRAST	72142	612	\$ 2,050
Radiology MRI	HCHG MRI SPINE DORSAL W/O CONTRAST	72146	612	\$ 1,890
Radiology MRI	HCHG MRI SPINE THORACIC WITH EXAM	72147	612	\$ 2,050
Radiology MRI	HCHG MRI LUMBAR SPINE W/O CONTRAST	72148	612	\$ 2,025
Radiology MRI	HCHG MRI LUMBAR SPINE W/CONTRAST	72149	612	\$ 2,050
Radiology MRI	HCHG MRI CERVICAL SPINE W/WO CONT	72156	612	\$ 2,050
Radiology MRI	HCHG MRI SPN DORSAL W/WO CONTR EXAM	72157	612	\$ 2,050
Radiology MRI	HCHG MRI LUMBAR SPINE W/WO CONTRAST	72158	612	\$ 2,050
Radiology MRI	HCHG MRI PELVIS W/WO CONTRAST	72197	614	\$ 2,050
Radiology MRI	HCHG EXTREMITY UPPER NON-JOINT W/ & W/O CONTRAST	73220	614	\$ 2,050
Radiology MRI	HCHG EXTREMITY UPPER JOINT W/O CONTRAST	73221	614	\$ 1,915
Radiology MRI	HCHG EXTREMITY UPPER JOINT W CONTRAST	73222	614	\$ 1,875
Radiology MRI	HCHG EXTREMITY LOWER NON-JOINT W/O CONTRAST	73718	614	\$ 2,050
Radiology MRI	HCHG EXTREMITY LOWER NON-JOINT W/ & W/O CONTRAST	73720	614	\$ 2,050
Radiology MRI	HCHG EXTREMITY LOWER JOINT W/O CONTRAST	73721	614	\$ 1,950
Radiology MRI	HCHG EXTREMITY LOWER JOINT W/ & W/O CONTRAST	73723	614	\$ 2,050
Radiology MRI	HCHG MRI FETAL IMAGE	74181	614	\$ 1,930
Radiology MRI	HCHG MRI ABDOMEN W/WO CONTRAST	74183	614	\$ 2,050
Radiology Sonography	HCHG SONO HEAD	76506	402	\$ 650
Radiology Sonography	HCHG SONO THYROID AND NECK	76536	402	\$ 550

Radiology Sonography	HCHG SONO ABDOMEN COMPLETE	76700	402	\$ 650
Radiology Sonography	HCHG SONO PELVIC URINARY BLAD EXAM	76856	402	\$ 650
Radiology Sonography	HCHG SONO LIVER HEPATIC	76705	402	\$ 550
Radiography	Chest xray	71046	320	\$ 350
Radiography	Abdomen; Single View	74018	320	\$ 350
Radiography	Abdomen xray	74021	320	\$ 350
Sleep Study	HCHG OP POLYSOMN GL	95810	920	\$ 3,250
Sleep Study	HCHG OP POLYSOMN W/CPAP TC	95811	920	\$ 3,400
Sleep Study	HCHG OP MULT SLEEP LAT TC	95805	519	\$ 2,800
Outpatient	Tonsillectomy w/ adeniodectomy	42820	490,360	\$ 5,750
Outpatient	Tonsillectomy w/o adeniodectomy	42825	490,360	\$ 6,000
Outpatient	Removal of adenoids <12 years	42830	490,360	\$ 5,600
Outpatient	Removal of adenoids > 12 yrs	42831	490,360	\$ 2,500
Outpatient	Upper GI Endoscopy, Biopsy	43239	490,360	\$ 6,800
Outpatient	Appendectomy	44970	490,360	\$ 12,750
Outpatient	Diagnostic colonoscopy	45378	490,360	\$ 2,900
Outpatient	Colonoscopy & Biopsy	45380	490,360	\$ 4,875
Outpatient	Circumcision w/regional block	54150	490,360	\$ 1,200
Outpatient	Circum 28 days or older	54161	490,360	\$ 1,200
Outpatient	Myringotomy - gen anesthesia	69421	490,360	\$ 3,200
Outpatient	Ventilating Tube Removal	69424	490,360	\$ 3,500
Outpatient	Tympanostomy w/ ins Tube-loc/top anesth	69433	490,360	\$ 3,015
Outpatient	Tympanostomy w/ ins Tube-gen anesth	69436	490,360	\$ 3,015
Outpatient	Myringoplasty	69620	490,360	\$ 3,500

ATTACHMENT B-2

Physician/Professional Provider Reimbursement Rates

<u>Service</u>	<u>Rates</u>
Anesthesia	\$90 Per Base Unit
All Services not otherwise identified	155% of Then Current Dallas, TX RBRVS Based Fee Schedule
All Other Services	50% Billed Charges

ATTACHMENT C

Plans / Plan Sponsors

- Radical Ventures, LLC (DBA Mark Cuban Companies)
- Mark Cuban Cost Plus Drug Company, PBC (DBA Cost Plus Drugs)