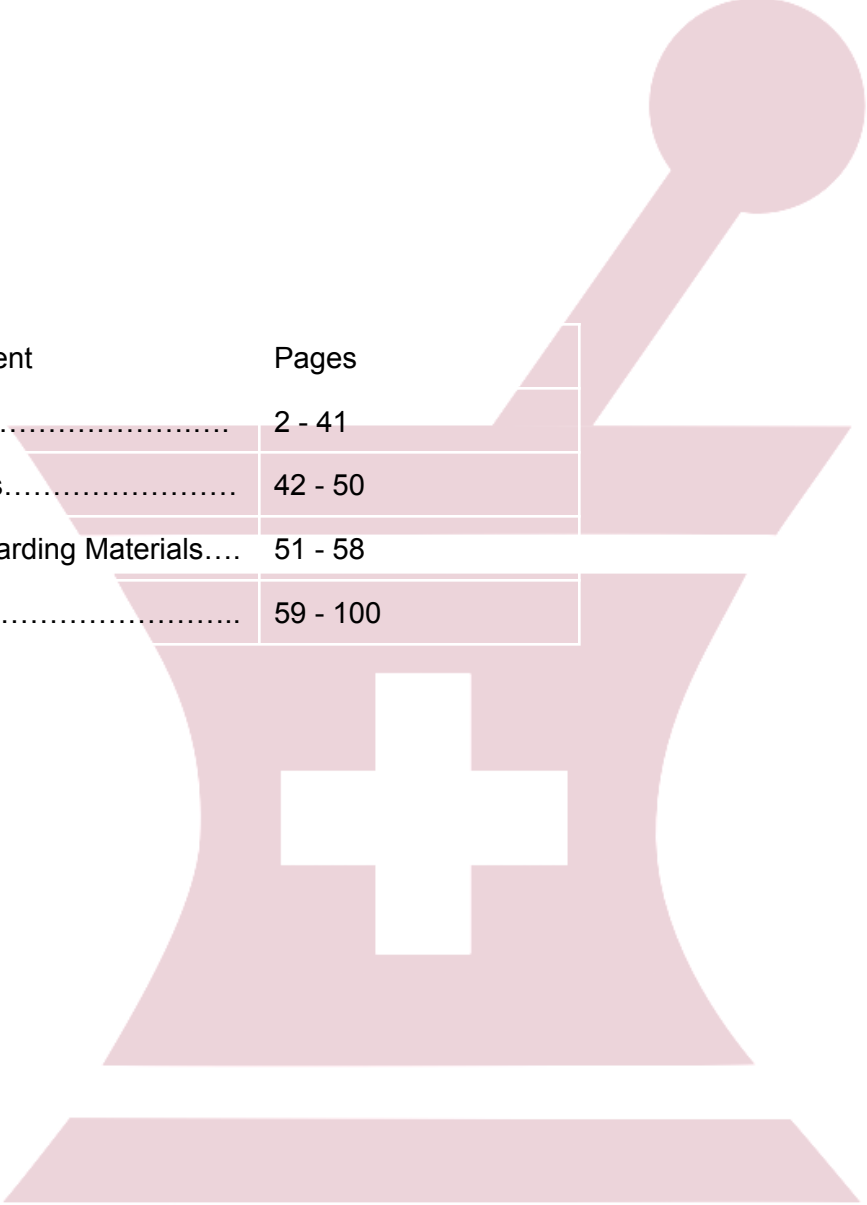


York, PA



Section Content	Pages
Contracts.....	2 - 41
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The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at shabbir@safemedicines.org or (415) 630-3736.

Group/Organization: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____

Mailing Address: _____

Email: _____ **Website:** _____

Current Benefits Provider: _____ **Website:** _____

Plan Renewal Date: _____

Contact information for person(s) responsible for updating and maintaining eligibility list:
 Name: _____ Phone: _____ Email: _____

Contact information for person(s) responsible for receiving/payment of invoices:
 Name: _____ Phone: _____ Email: _____

Contact information for person(s) who would receive periodic reports on program savings/utilization:
 Name: _____ Phone: _____ Email: _____

Is your plan Self-Insured? YES___ NO___

Does your program provide benefits for: (A) **DEPENDENTS** YES___ NO___
 (B) **RETIREES:** YES___ NO___ If "yes", **NON-MEDICARE ELIGIBLE** **MEDICARE ELIGIBLE**

Estimated total number of eligible members: _____ (Include Employees, Dependents, and Retirees - if applicable).

1. **Current number of Tiers:**

2. **Current 30-Day Copays:** TIER 1 \$_____ TIER 2 \$_____ TIER 3 \$_____

3. **Current 90-Day Copays:** TIER 1 \$_____ TIER 2 \$_____ TIER 3 \$_____

4. **Do you currently subscribe to a Mail Order Program?** YES___ NO___
 If "yes", what is your Mail Order Copay?..... TIER 1 \$_____ TIER 2 \$_____ TIER 3 \$_____

5. **Does your domestic program offer multiple plans?** YES___ NO___
 If "yes", please indicate all that apply below and complete a separate Program Analysis for each plan.
HDHP **HSA** **PPO** **OTHER** _____
HDHP/HSA plans: Are preventive medications covered not subject to the deductible? YES___ NO___

6. **Does your plan require Generic substitution?**..... YES___ NO___
 If "yes", do you allow medical exceptions?..... YES___ NO___
 What documentation is required? **DAW** (Dispense as Written) **Other**

7. **Does your plan include a Specialty Medication program?**..... YES___ NO___

8. **Does your program have Sub Groups and/or Divisions to be noted?**
 (i.e. Copays, Eligibility, Payment, Report, etc.) If "yes", please explain: _____

9. **If employee information sessions are held on a regular basis, please provide date (month).**
 Open Enrollment _____ Health Fair _____ Other _____

Anticipated start date: _____

Group/Organization: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____

Mailing Address: _____

Email: _____ **Website:** _____

Current Benefits Provider: _____ **Website:** _____

Plan Renewal Date: _____

Contact information for person(s) responsible for updating and maintaining eligibility list:
 Name: _____ Phone: _____ Email: _____

Contact information for person(s) responsible for receiving/payment of invoices:
 Name: _____ Phone: _____ Email: _____

Contact information for person(s) who would receive periodic reports on program savings/utilization:
 Name: _____ Phone: _____ Email: _____

Is your plan Self-Insured? YES___ NO___

Does your program provide benefits for: (A) **DEPENDENTS** YES___ NO___
 (B) **RETIREES:** YES___ NO___ If "yes", **NON-MEDICARE ELIGIBLE** **MEDICARE ELIGIBLE**

Estimated total number of eligible members: _____ (Include Employees, Dependents, and Retirees - if applicable).

1. **Current number of Tiers:**

2. **Current 30-Day Copays:** TIER 1 \$ _____ TIER 2 \$ _____ TIER 3 \$ _____

3. **Current 90-Day Copays:** TIER 1 \$ _____ TIER 2 \$ _____ TIER 3 \$ _____

4. **Do you currently subscribe to a Mail Order Program?** YES___ NO___
 If "yes", what is your Mail Order Copay?..... TIER 1 \$ _____ TIER 2 \$ _____ TIER 3 \$ _____

5. **Does your domestic program offer multiple plans?** YES___ NO___
 If "yes", please indicate all that apply below and complete a separate Program Analysis for each plan.
HDHP **HSA** **PPO** **OTHER** _____
HDHP/HSA plans: Are preventive medications covered not subject to the deductible? YES___ NO___

6. **Does your plan require Generic substitution?**..... YES___ NO___
 If "yes", do you allow medical exceptions?..... YES___ NO___
 What documentation is required? **DAW** (Dispense as Written) **Other**

7. **Does your plan include a Specialty Medication program?**..... YES___ NO___

8. **Does your program have Sub Groups and/or Divisions to be noted?**
 (i.e. Copays, Eligibility, Payment, Report, etc.) If "yes", please explain: _____

9. **If employee information sessions are held on a regular basis, please provide date (month).**
 Open Enrollment _____ Health Fair _____ Other _____

Anticipated start date: _____

Prescription Consulting Services Agreement

This Prescription Consulting Services Agreement (this “**Agreement**”) is entered into by and between City of York, on behalf of its employee health benefits plan (the “**Plan**”), with its principal place of business located at 101 South George St, York, PA 17405(the “**CLIENT**”) and EPLS LLC, a Pennsylvania limited liability company with its principal place of business located at 2250 Erin Court, Lancaster, Pennsylvania 17601 (“**EPLS**”), individually “**Party**” and collectively “**Parties**”.

Background

CLIENT sponsors and operates a self-funded group health plan (the “**Plan**”) through which it offers prescription drug coverage to its eligible employees and their dependents (collectively, the “**Plan beneficiaries**”). CLIENT, on behalf of the Plan, desires to engage EPLS to support and oversee the Plan’s prescription drug benefit program for the purpose of promoting clinical and financial improvements, and EPLS desires to provide such consulting services to CLIENT, all as more fully described herein.

Agreement

NOW, THEREFORE, in consideration of the promises and obligations of each Party hereunder, the Parties agree as follows:

1. Effective Date/Term.

1.1 This Agreement shall be effective on January 1, 2023 and shall continue for the initial term of one (1) year (“**Initial Term**”). Thereafter, this Agreement shall automatically renew for successive one-year terms, unless it is terminated according to the provisions herein. The Initial Term and any subsequent renewals shall be referred to herein as the “**Term**”.

2. Responsibilities of CLIENT.

2.1 CLIENT authorizes EPLS to provide the Services (as defined below) on behalf of CLIENT to the Plan regarding its pharmacy benefit program. CLIENT acknowledges and authorizes EPLS to contact the Plan beneficiaries in connection with EPLS’ performance of the Services.

2.2 CLIENT covenants and agrees that CLIENT will:

- a. Make all reasonable efforts to ensure cooperation of the CLIENT’s Prescription Benefit Manager (“**PBM**”) in providing necessary data and other information required for EPLS to discharge its duties under this Agreement in such form as reasonably requested by EPLS. It shall be CLIENT’s obligation, and not EPLS’ obligation, to ensure that this Agreement does not violate any agreement CLIENT has or may in the future have with the PBM.
- b. Make reasonable efforts to insure that all data provided to EPLS in connection with the Services is accurate and complete. CLIENT acknowledges that EPLS is entitled to rely upon the accuracy and completeness of the data provided, directly or indirectly, by CLIENT and/or the PBM in performing EPLS’ duties under this Agreement.

- c. Authorize EPLS to receive monthly prescription claim reports that include data fields provided by EPLS no later than fifteen (15) days after the end of each month.
- d. Provide Plan beneficiary eligibility files on a monthly basis or provide member contact information not limited to Plan beneficiaries' names, phone numbers, emails, and addresses for EPLS' use in performing the Services under this Agreement.
- e. Provide CLIENT's stop-loss carrier with such claims information and other information as may be requested by the carrier. CLIENT acknowledges that it is CLIENT's sole responsibility to coordinate with CLIENT's stop-loss carrier and that EPLS makes no representation regarding CLIENT's carrier's acceptance of its claims.
- f. Provide such other information as EPLS may reasonably request to enable EPLS to provide the Services under this Agreement.
- g. Include information regarding the Services offered under this Agreement in the appropriate welfare benefit plan documents that CLIENT distributes to Plan beneficiaries.
- h. Cooperate and make all reasonable efforts to ensure the cooperation of its employees, in all reasonable respects with EPLS, and to comply with all reasonable requests by EPLS relating to its provision of the Services. CLIENT will take all reasonably necessary steps to prevent CLIENT caused delays in EPLS' provision of the Services, including the prompt provision of EPLS' access to the Plan's data applicable to the Services. CLIENT will promptly secure all Plan beneficiary authorizations, third-party authorizations, pre-certifications, consents and approvals needed to enable EPLS to provide the Services hereunder.
- i. EPLS makes no representation regarding the treatment of transactions regarding federal or state income taxation. Consult a tax advisor to determine any tax consequences of this agreement.

3. **Responsibilities of EPLS.**

3.1 EPLS will consult on those clinical and financial opportunities which it reasonably expects, in EPLS' discretion, to improve CLIENT's prescription benefit program under the Plan. EPLS will provide the following support and oversight services, as EPLS deems appropriate, in connection with elected EPLS services and the Plan's prescription benefit program (collectively, "**Services**"):

Client elects the following EPLS services, see description of services in Appendix B:

- Claim Oversight & Alternate drug program
- Manufacturer Program and Domestic Pharmacy Sourcing for drug cost > \$1250
- International Sourcing for Drug Cost > \$1,250
- International Sourcing for Drug Cost < \$1250
- Formulary Exclusion List
- J-Code and Site of Care Program

- a. Provide oversight on all prescription claims and identify financial and clinical savings opportunities.
- b. Consult to facilitate drug changes with employee, prescriber, and PBM for clinical and/or financial reasons, when appropriate.
- c. Consult to facilitate where and how a drug is sourced with employee, prescriber, infusion center, PBM and/or Prescription Advocate for clinical and/or financial reasons, when appropriate, and based on EPLS services selected.

- d. Initiate utilization management changes on behalf of the Plan not limited to formulary, clinical programs, upcoming drug change impact, new to market, name brand to generic, specialty vs. non-specialty and drug shortages when appropriate.
- e. Provide a team of clinical pharmacists to assist medical professionals and patients to determine the best alternative for high-cost medications.
- f. Provide concierge member service including but not limited to; member introduction/understanding of the Program, assistance registering and identifying the most appropriate sourcing programs, scheduling refills, and communicating with pharmacies/prescribers/prescription benefit managers as needed, based on EPLS services selected.

EPLS shall have no obligation to acquire information beyond that which is provided to it by CLIENT or CLIENT's PBM.

3.2 The Parties may, at any time after execution of this Agreement, agree in writing to the provision of services outside the scope of those identified in Section 3.1. These services are referred to as “**Additional Services**”, and shall be accounted, invoiced, administrated, and paid for separate from the Services referred to herein and shall be detailed in an Appendix attached to this Agreement.

4. Independent Contractor.

4.1 EPLS is an independent contractor of CLIENT, and not an employee, partner, agent or joint venture partner. This Agreement shall not make either Party a legal representative or agent of the other, nor shall either Party have the right or authority to assume, create or incur any liability or litigation, expressed or implied, against or in the name of on behalf of the other Party.

4.2 EPLS does not direct or exercise any control over the professional judgment exercised by any pharmacist in dispensing prescriptions or otherwise providing pharmaceutical related services. Network pharmacies are independent contractors, and EPLS shall have no liability to CLIENT, plans, any covered person, or any other person or entity for any act or omission of any network pharmacy or its agents or employees.

5. EPLS' Compensation.

5.1 In consideration of the provision of the Services during the Term, CLIENT agrees to pay EPLS the fees and costs outlined in Appendix A.

- a. EPLS Fees shall be paid to EPLS within twenty-five (25) days upon receipt of an invoice. Invoices provided to CLIENT will be de-identified of Protected Health Information in accordance with HIPAA.
- b. EPLS may pay an outstanding balance for inventory management fees, drugs sourced through EPLS partner pharmacies, shipping fees, grants and other sources on behalf of the CLIENT. Reimbursement shall be paid to EPLS within twenty-five (25) days upon receipt of an invoice.
- c. At the discretion of EPLS, CLIENT may be required to fund the cost of the drug and related fees prior to drug shipment or performing services.
- d. EPLS Fees may be adjusted at the end of the Initial Term or any renewal term to account for program changes that are necessary due to market changes, or upon mutual written agreement

of the Parties. EPLS shall provide notice to CLIENT of any such adjustments at least ninety (90) days prior to the end of the initial term or any renewal term.

- e. EPLS will provide a savings report, which may contain certain Protected Health Information in order to substantiate the savings. To maximize HIPAA compliance, EPLS will provide this report to an individual that CLIENT has designated as authorized to receive and handle Protected Health Information, as identified on the signature page of this Agreement. If no individual person is identified, or upon CLIENT's request, EPLS will de-identify its savings report of PHI.

5.2 Sourcing from EPLS partner pharmacies (when applicable).

- a. EPLS is not responsible for lost or stolen shipments or damage caused by shipping delays.
- b. EPLS, in good faith, confirms member eligibility prior to drug shipments. EPLS is not responsible for the cost of drug shipments made to former members terminated from the benefit plan within 34 days of a drug shipment.

5.3 In the event that CLIENT fails to pay any amount due under this Agreement within thirty (30) days of the due date, CLIENT shall be subject to interest charged on all amounts due at an amount equal to one-half percent (0.5%) per month, to accrue on a daily basis on any unpaid balances. In addition, CLIENT shall be responsible for all costs of collection and agrees to reimburse EPLS for such costs and expenses including reasonable attorneys' fees.

6. Confidentiality.

6.1 Each Party acknowledges that during the performance of its obligations hereunder, it has received or may receive confidential information from the other Party. As used herein, "Confidential Information" includes, but is not limited to, proposals and analysis, proprietary business and technical information, patient and third-party payer lists, statistical data, computer programs, pricing information, operational procedures, the Agreement and all exhibits, addenda and alterations hereto, network pharmacy coverage information, trade secrets and innovations, and other information of similar nature obtained by either Party. Confidential Information will not include information that is: (i) generally known to the public at the time of disclosure; (ii) rightfully received by either Party from a third Party not under obligation of confidentiality with respect to such information; or (iii) becomes publicly available through no act or omission of either Party or its agents or employees.

6.2 Each Party covenants and agrees that, without the prior written consent of the other Party (which consent may be withheld for any reason or may be given subject to conditions and restrictions), neither it nor its directors, officers, employees or agents will reveal or use any Confidential Information received from the other Party other than to exercise its rights or perform its obligations under this Agreement. To that end, EPLS may disclose Confidential Information as reasonably necessary to perform the Services under this Agreement, including disclosing the Confidential Information to third Party vendors.

6.3 Confidential Information may be disclosed pursuant to a bona fide subpoena if the Party receiving the bona fide subpoena has given the other Party timely written notice of receipt of the subpoena so that the other Party can object or otherwise intervene as it deems proper. All Confidential Information will remain the property of the disclosing Party, and the receiving Party will return or destroy all written, tangible, or electronic materials, and all copies thereof, upon request of the disclosing Party.

7. Use and Disclosure of Protected Health Information. In carrying out its obligations under this Agreement, EPLS may have access to individually identifiable health information on the Plan's beneficiaries, including patient names and other medical information, maintained by the Plan in electronic, oral, and written form ("**Protected Health Information**" or "PHI"). The parties agree to comply with the Health Insurance Portability and Accountability Act ("**HIPAA**") and any other federal or state laws governing the privacy and security of Protected Health Information. Each Party will protect the privacy and security of Protected Health Information received by EPLS from time to time pursuant to this Agreement, in accordance with the provisions of that certain HIPAA Business Associates Agreement, attached hereto and made a part hereof as Exhibit A.

Notwithstanding any contrary provisions in this Agreement, CLIENT grants EPLS the right to use de-identified Plan beneficiary drug and related medical data in its research, cost analyses, and cost comparison studies. All research, cost analyses, cost comparisons and other similar studies or reports EPLS conducts or prepares will be EPLS' sole and exclusive property. EPLS may aggregate this information with that of other CLIENTs and shall de-identify it to protect CLIENT and Plan beneficiary confidentiality.

8. Delays. Notwithstanding anything to the contrary contained in this Agreement, EPLS will not be liable for any delay or failure to provide the Services or to perform any other duty or obligation under this Agreement where such failure results from, arises out of, or is otherwise caused by an event or circumstance beyond the reasonable control of EPLS.

9. Non-Solicitation. During the Term of this Agreement and for a period of one (1) year after the expiration or termination hereof, CLIENT shall not, directly or indirectly, for CLIENT or on behalf of any other person or entity, solicit, recruit, entice or persuade any employee or independent contractor of EPLS or its affiliates to leave the employ of, or end the contractual relationship with, EPLS or its affiliates.

10. Insurance Coverage. Each Party will maintain, during and for a reasonable period of time after the Term, reasonable and customary insurance (whether through third-party carriers or self-insured arrangements or retentions) to enable the Party to meet its obligations under this Agreement and to comply with any legal requirements.

11. Disclaimer of Warranties; Limitations on Liability; Acceptance of Risk.

11.1 This Agreement is not a contract for the sale of goods. EPLS will perform the Services under this Agreement in a professional and workmanlike manner in accordance with its covenants and obligations hereunder and applicable law. EXCEPT AS WARRANTED IN THIS SECTION 11, EPLS DISCLAIMS ALL EXPRESS AND ALL IMPLIED WARRANTIES OF ANY KIND, INCLUDING THE SUITABILITY FOR ANY PARTICULAR PURPOSE OF THE DATA GENERATED. EPLS HAS UTILIZED DUE DILIGENCE IN COLLECTING AND REPORTING THE INFORMATION CONTAINED IN THE REPORTING PROVIDED AND HAS OBTAINED SUCH INFORMATION FROM SOURCES BELIEVED TO BE RELIABLE. EPLS DOES NOT WARRANT THAT ITS SERVICES WILL BE UNINTERRUPTED OR ERROR FREE.

11.2 EPLS will not be liable for any mistake of judgment or other actions taken in good faith. In the event EPLS makes a good faith mistake under this Agreement, EPLS will make a diligent effort to recover any incorrect excess payment made but will not be required to institute any court proceedings.

11.3 CLIENT acknowledges that the internet is not a secure or reliable environment and that the ability of EPLS to deliver internet services is dependent upon the internet and equipment, software, systems, data, and services provided by various telecommunications carriers, equipment manufacturers, firewall providers, and encryption system developers and other vendors and third-parties. CLIENT acknowledges that use of the internet in conjunction with EPLS' Services entails confidentiality and other risks that may be beyond its reasonable control.

11.4 EPLS will not be liable for any loss incurred from lost or stolen mail order prescriptions.

11.5 CLIENT acknowledges that although the United States federal government has indicated and practiced a standing policy of non-enforcement, international drug sourcing is not permitted by United States law. Utilizing the international sourcing feature of EPLS' services is a calculated risk taken based on to the opinions expressed by the applicable regulatory bodies to the effect of not enforcing the provisions of law that tend to render this practice unlawful.

11.6 This Section shall survive termination of this Agreement.

12. Indemnification.

12.1 EPLS shall indemnify and hold harmless CLIENT from any and all liabilities, losses, damages, claims, costs and expenses, interest, awards, judgments, and penalties (including, without limitation, reasonable attorneys' fees and expenses) (each, a "Loss"), arising out of or resulting from the negligence or willful misconduct of EPLS, except to the extent any such Losses were caused by the negligence or intentional conduct of CLIENT.

12.2 CLIENT shall indemnify and hold harmless EPLS from any Loss arising out of or resulting from the negligence or willful misconduct of CLIENT, except to the extent any such Losses were caused by the negligence or intentional conduct of EPLS.

12.3 Neither EPLS nor CLIENT will be liable for indirect, incidental, consequential, punitive, special, or exemplary damages, arising out of or related to performance of this Agreement or a breach of this Agreement, even if advised of the possibility of such damages. EPLS' maximum liability to CLIENT, regardless of the form of action and whether for damages, indemnification or otherwise, shall not exceed the administrative fees paid by CLIENT over the six (6) months preceding the date of the claim.

12.4 This Section shall survive termination of this Agreement.

13. Termination.

13.1 This Agreement may be terminated by CLIENT or by EPLS at any time after the Initial Term, upon sixty (60) days' prior written notice to the other Party.

13.2 This Agreement will terminate automatically and immediately upon the occurrence of any of the following:

- a. CLIENT fails to pay any fees within sixty (60) days after charges are due and payable as provided in this Agreement;
- b. CLIENT becomes insolvent or bankrupt or subject to liquidation, receivership, or conservatorship; or
- c. CLIENT fails to provide the necessary information in a timely fashion or provides materially inaccurate information that would cause EPLS to not be able to perform the Services as contemplated hereunder.

13.3 Upon the termination of this Agreement by mutual agreement or if the Plan or the Plan benefits subject to this Agreement are terminated, CLIENT and EPLS will mutually develop a “60-day run-out plan” providing for notification to Client’s employees and the completion of Services. EPLS will place a permanent override with the PBM on all new claims originating during this period and that qualify for Progressive Sourcing. CLIENT is responsible for payment of all EPLS Fees, pre-paid amounts including shipping fees during the run-out period.

Miscellaneous.

14.1 Each Party represents and warrants to the other that it has the full right and power to enter into and perform under this Agreement, without any third-party consents or conflicts with any other agreement.

13.2 Any notice or other communication required by this Agreement shall be in writing and made by personal service, certified mail or overnight delivery service, to the Party to receive such notice at its address set forth in the introductory paragraph of this Agreement, and shall be deemed made when delivered by personal service, three business days after deposit in the US mail or one business day after given to an overnight delivery service.

14.3 If any provision of this Agreement is held invalid by law or by a court of law, the invalidity will not affect any other provision of this Agreement. The provisions of this Agreement are severable. It is provided, however, that the basic purposes of this Agreement must be achieved through the remaining valid provisions.

14.4 The captions and headings throughout this Agreement are for convenience and reference only. The words of the captions and headings will in no way be held or deemed to define, describe, explain, modify or limit the meaning of any provision, or the scope or the intent of this Agreement.

14.5 Failure by CLIENT, EPLS or both to insist upon compliance with any term or provision of this Agreement at any time or under any set of circumstances will not waive or modify that provision or render it unenforceable at any other time whether or not the circumstances are the same. No waiver of any of the terms or provisions of this Agreement will be valid or of any force or effect unless in each instance the waiver or modification is contained in a written memorandum expressing such alteration or modification and executed by the affected Party.

14.6 This is the sole Agreement between the parties and shall not be amended or modified except by a written instrument executed by both parties. This Agreement shall be interpreted under the laws of the Commonwealth of Pennsylvania.

14.7 This Agreement shall inure to the benefit of and be binding on CLIENT and EPLS and their respective successors and assigns. CLIENT may not assign this Agreement without EPLS's prior written consent, except to a third party acquiring all or substantially all of CLIENT's voting securities or assets.

IN WITNESS WHEREOF, the undersigned parties have entered into this Agreement effective as of the date of CLIENT/PLAN's signature below.

For: CLIENT/PLAN

By: _____

Date: _____

Name: _____

Title: _____

Name and Email of Designee to Receive PHI: _____

For: EPLS LLC

By: 

Date:

Name: William Tell

Title: President

Appendix A

Schedule of Fees

Program	Fee	Fee Applies To
Claim Oversight & Alt Drug Program	\$1.85/claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan during agreement period
Manufacturer Program and Domestic Pharmacy Sourcing Drug Cost > \$1,250 per 30-day supply or \$3,000 per 90-day supply	\$5.10 /claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan when sourcing is active
International Sourcing for Drug cost > \$1,250 per 30-day supply or \$3,000 per 90-day supply	No Fee when combined with Manufacturer Program Sourcing	
*International Sourcing for Drug cost < \$1,250	\$260-\$190/shipment	All EPLS coordinated shipments from EPLS partner pharmacies
EPLS Formulary Exclusion List	No Fee when combined with Claim Oversight and Alt Drug Program	
J-Code**	50% Savings; twelve (12) month maximum \$14,500	All infused drugs sourced by EPLS or Site of Care changes initiated by EPLS
Broker Commission	\$0.55/claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan when sourcing is active

*International Access: A per shipment fee of \$260.00 shall be paid for each shipment of a medication REPLACING a drug with a PBM ingredient cost between \$1,250.00 and \$675.00. A per shipment fee of \$190.00 shall be paid for each shipment of a medication REPLACING a drug with a PBM ingredient cost less than \$675.00.

**Fees for successfully sourced drugs are 50% of savings capped at \$14,500.00 over each continuous 12-month period. Savings is calculated by subtracting the sourced drug cost or new *Site of Care* drug cost from the plan paid amount at the time the medication was reported to EPLS. If plan paid amount is not available, the sourced drug cost is subtracted from the lesser of AWP – 10% or pharmacy acquisition cost at the time the medication was reported to EPLS.

Appendix B

Description of Services

<p><u>Claim Oversight & Alternate drug program</u> Review and evaluation of monthly prescription claims processed by Prescription benefit Manager (PBM) to identify opportunities for improved clinical outcomes. This includes but is not limited to formulary changes, recommending alternate drug options to prescribers, recommending plan specification changes, notifying the PBM when drug pricing is deemed excessively high.</p>
<p><u>Manufacturer Program and Domestic Pharmacy Sourcing for drug cost > \$1250</u> High-cost drug sourcing from manufacturer programs and foundations. EPLS assists members through the registration process and authorizes each shipment when EPLS domestic pharmacy partners are utilized. Additional Member Advocacy provided by NeedyMeds to assist members through the application process.</p>
<p><u>International Sourcing for Drug Cost > \$1,250</u> EPLS identifies opportunities for cost savings, contacts members, assists them through the registration process and authorizes each shipment when EPLS International pharmacy partners are utilized.</p>
<p><u>International Sourcing for Drug Cost < \$1250</u> EPLS identifies opportunities for cost savings, contacts members, assists them through the registration process and authorizes each shipment when EPLS International pharmacy partners are utilized.</p>
<p><u>Formulary Exclusion List</u> EPLS managed formulary exclusion list enables EPLS to quickly remove high-cost, low value drugs from the formulary and steer utilization to higher value medications with identical clinical outcomes.</p>
<p><u>J-Code and Site of Care (SOC) Program</u> EPLS works with the third party administrator (TPA) to establish J-Code and Site of Care programs. The EPLS J-Code program utilizes but is not limited to manufacturer programs, foundations, international and domestic pharmacies to source medications that cannot be self-administered. . EPLS' Site of Care program establishes a policy determining where these medications may be administered, identifying facilities offering similar services at lower administrative costs.</p>

Exhibit A

HIPAA BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“BA Agreement”) is made and entered into as of this [Click here to enter text.](#) (“**Effective Date**”), by and between [Click here to enter text.](#), its subsidiaries and affiliates (hereinafter referred to as “**Covered Entity**”) and EPLS LLC, a Pennsylvania limited liability company (hereinafter referred to as “**Business Associate**”).

WHEREAS, Covered Entity and Business Associate have entered, or will enter, into certain business arrangement(s) (the “**Agreement**”) pursuant to which Business Associate performs, or assists in the performance of a function or activity involving the use or disclosure of Protected Health Information (“**PHI**”) or provides certain services for Covered Entity where the provision of the service involves the disclosure of PHI from Covered Entity. PHI, as defined below, is information that is subject to protection under the privacy regulations (“**Privacy Regulations**”) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“**Original HIPAA**”), as amended by the Health Information Technology for Economic and Clinical Health Act (“**HITECH**”, and collectively with Original HIPAA, the “**HIPAA Statute**”), along with regulations promulgated by the Secretary of the Department of Health and Human Services (“**HHS**”) under the HIPAA Statute, including the “**Privacy Rule**” (45 CFR Parts 160 and 164, Subparts A and E) and the “**Security Rule**” (45 CFR Part 160 and 164, Subparts A and C), as amended by the “**Omnibus Rule**” (45 CFR Part 160, Subparts A, B, C and D and Part 164, Subparts A and C) (the Privacy Rule, the Security Rule and the Omnibus Rule, collectively the “**HIPAA Rules**”), as well as any other applicable laws concerning the privacy and security of health information. Hereinafter, the HIPAA Rules and the HIPAA Statute may be collectively referred to as “**HIPAA**.”

WHEREAS, Covered Entity requires that Business Associate protect the privacy and provide for the security of PHI in compliance with the Privacy and Security Regulations; and

WHEREAS, the Privacy and Security Regulations require Business Associate to enter into an agreement containing specific requirements for use or disclosure of PHI.

NOW, THEREFORE, in consideration of the foregoing and of the covenants and agreements set forth herein, the parties, intending to be legally bound, agree as follows:

Section 1. Definitions. The terms used, but otherwise not defined, in this BA Agreement shall have the same meaning as those terms in the Privacy and Security Regulations.

(a) “**Individual**” shall have the meaning set forth in 45 CFR 160.103, including a person who is the subject of the Protected Health Information, and shall include an individual or entity who qualifies as a personal, legal representative of the person, as the context requires.

(b) “**Privacy Regulations**” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E, as may be amended, modified or superseded, from time to time.

(c) “**Security Regulations**” shall mean the Standards for Security of Individually Identifiable Electronic Health Information at 45 CFR Parts 160 and 164, Subparts A, C and E, as may be amended, modified or superseded, from time to time.

(d) “**Protected Health Information**” or “**PHI**” shall have the meaning set forth in 45 CFR 160.103, including any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual (including, without limitation, genetic information pertaining to an Individual); or (ii) the provision of health care to an

Individual; or (iii) the past, present or future payment for the provision of health care to an Individual; and (iv) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

(e) “Electronic Protected Health Information” or “ePHI” shall mean PHI transmitted or maintained in electronic media.

(f) “Electronic Media” shall mean storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media.

(g) “Secretary” shall mean the Secretary of the U.S. Department of Health and Human Services or his/her designee.

(h) “Unsecured PHI” shall mean Protected Health Information that is not either encrypted or destroyed in accordance with standards set forth in regulations released by the U.S. Department of Health and Human Services, as the same may be amended from time-to-time.

Section 2. Obligations of Business Associate.

(a) **Permitted Uses.** Except as otherwise limited in this BA Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate HIPAA if done by Covered Entity. Except as otherwise limited in this BA Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(b) **Permitted Disclosures.** Except as otherwise limited in this BA Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that such disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and that the person will notify the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) **Appropriate Safeguards.** Business Associate shall implement appropriate administrative, technical and physical safeguards in compliance with the Privacy Regulations as are necessary to prevent the use or disclosure of PHI, other than as permitted by this BA Agreement. To the extent that Business Associate has been engaged to carry out one or more of Covered Entity's obligation(s) under the Privacy Regulations, Business Associate shall comply with the requirements of the Privacy Regulations that apply to Covered Entity in the performance of such obligation(s). Business Associate shall implement reasonable security methods to safeguard Covered Entity's PHI.

(d) **Business Associate's Agents and Subcontractors.** To the extent Business Associate uses one or more subcontractors or agents to provide services to Covered Entity pursuant to the Agreement between the parties, and such subcontractors or agents receive or have access to PHI, Business Associate shall require that each subcontractor or agent execute a Subcontractor Agreement as described below; in no event shall any subcontractor of Business Associate be bound to terms less restrictive than this BA Agreement regarding the use, disclosure and protection of PHI and ePHI, and

any such subcontractors shall be bound by portions of this BA Agreement regarding breaches of Unsecured PHI and notifications relating to such breaches.

Business Associate shall not transmit Covered Entity's PHI to any Subcontractor or prospective Subcontractor except as otherwise provided herein. In accordance with the Omnibus Rule, Business Associate shall enter into a written subcontractor agreement (the "**Subcontractor Agreement**") with any Subcontractor that creates, receives, maintains, or transmits Covered Entity's PHI on behalf of Business Associate. In the event that Business Associate knows of a pattern of activity or practice of a Subcontractor that constitutes a material breach or violation of the Subcontractor's obligation under the Subcontractor Agreement or other arrangements, Business Associate shall take reasonable steps to cure such breach or end the violation, as applicable, and, if such steps shall unsuccessful, terminate the Subcontractor Agreement or other arrangements, if feasible.

(e) Access to PHI. Within fifteen (15) days of receipt of a request from Covered Entity, Business Associate shall make PHI available to Covered Entity for inspection and copying to enable Covered Entity to fulfill its obligations under 45 CFR 164.524. Further, Business Associate shall provide access to PHI as directed by Covered Entity, to an Individual in order to satisfy requirements under 45 CFR 164.524.

(f) Amendment of PHI. Within fifteen (15) days of receipt of a request from Covered Entity, Business Associate shall amend PHI as directed by Covered Entity to enable Covered Entity to fulfill its obligations under 45 CFR 164.526. If a request for amendment of PHI is delivered directly to Business Associate, Business Associate shall, as soon as possible, but no later than fifteen (15) days after receipt of the request, forward the request to Covered Entity.

(g) Accounting of Disclosures. Business Associate agrees to document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Within fifteen (15) days of receipt or a request from Covered Entity, Business Associate shall make available to Covered Entity the information required to provide an accounting of such disclosures. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request (except for disclosures occurring prior to the Effective Date). At a minimum, such accounting information shall include the information described in 45 CFR 164.528(b), including, without limitation: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the written request for disclosure. If a request for an accounting is delivered directly to Business Associate, Business Associate shall as soon as possible, but no later than fifteen (15) days after receipt of the request, forward the request to Covered Entity.

(h) Governmental Access to Records. Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI, available to the Secretary in a time and manner designated by Covered Entity or the Secretary, for purpose of the Secretary determining Covered Entity's compliance with the Privacy Regulations.

(i) Minimum Necessary Use and Disclosure Requirement. Business Associate shall only request, use and disclose the minimum amount of PHI necessary to reasonably accomplish the purpose of the request, use or disclosure in accordance with 45 CFR 164.502(b). Further, Business Associate will restrict access to PHI to those employees of Business Associate or other workforce members under the control of Business Associate who are actively and directly participating in providing goods and/or services under the Agreement of the parties and who need to know such information in order to fulfill such responsibilities.

(j) Notification of Breach. During the term of this BA Agreement, Business Associate shall notify Covered Entity within five (5) business days of the discovery of any actual use and/or disclosure of PHI in violation of the Privacy Regulations or this BA Agreement. Business Associate shall take corrective action to mitigate, to the extent practical, any harmful effect that is known to Business Associate of an improper use and/or disclosure of PHI. In accordance with 45 C.F.R. §164.402, any acquisition, access, use or disclosure of PHI in a manner not permitted under the Privacy Rule is presumed to be a Breach.

Section 3. Obligations of Covered Entity.

(a) Notice of Privacy Practices. Covered Entity shall provide Business Associate with the Notice of Privacy Practices that Covered Entity produces in accordance with 45 C.F.R. § 164.520, as well as any changes to such Notice.

(b) Changes or Revocation of Permission. Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by a n Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.

(c) Use and Disclosure Restrictions. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522.

(d) Permitted Uses. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA if done by Covered Entity; provided, however, that the Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate as set forth in the Agreement, if applicable.

Section 4. Security of Electronic Protected Health Information (ePHI).

(a) Security. Business Associate will develop, implement, maintain and use appropriate administrative, technical and physical safeguards in compliance with Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), 45 C.F.R. Part 164, Subpart C, 45 C.F.R. § 164.530(c), and any other applicable implementing regulations issued by the U.S. Department of Health and Human Services to preserve the availability, integrity, and confidentiality of and to prevent non-permitted use or disclosure of Electronic Protected Health Information created or received for or from Covered Entity. Business Associate will document and keep these safeguards current.

(b) Agents and Subcontractors. Business Associate will require that any agent, including a subcontractor, to whom it provides ePHI agrees to implement security safeguards described in subsection (a) of this Section 4, and that such subcontractors are bound by the terms and conditions of subsection (d) of this Section 4.

(c) Security Incidents. Business Associate will within five (5) business days report any "security incident" of which it becomes aware to Covered Entity. The parties acknowledge and agree that this subsection constitutes notice by Business Associate to Covered Entity of the ongoing occurrence of events that may constitute security incidents but that are trivial, routine, do not constitute a material threat to the security of PHI, and do not result in unauthorized access to or use or disclosure of PHI (such as typical pings and port scans), for which no additional notice to Covered Entity shall be required.

(d) Breaches of Unsecured PHI. If Business Associate accesses, maintains, retains, modifies, records, stores, destroys or otherwise holds, uses or discloses Unsecured PHI, Business Associate shall, within five (5) business days following the discovery of a breach of such information, notify Covered Entity of such breach. Such notice shall include, to the extent known: (i) the identification of each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired or disclosed during such breach; (ii) a brief description of the event (including the date of the breach and the date of the discovery of the breach, if known); (iii) a description of the types of information involved in the breach; (iv) a brief description of the steps that Business Associate is taking to investigate the breach, to mitigate losses, and to protect against further breaches; and (v) the steps Business Associate thinks individuals should take to protect themselves from potential harm resulting from the breach.

Section 5. Term and Termination.

(a) Term. This BA Agreement shall commence on the Effective Date and will remain effective for the entire term of the Agreement between the parties, unless earlier terminated in accordance with the terms hereof.

(b) Termination of Agreement. This BA Agreement will immediately terminate without notice upon termination of the Agreement for any reason.

(c) For Cause Termination Due to Material Breach. In the event of a material breach by either Party of any of its obligations hereunder, the non-breaching Party shall have the right to terminate this BA Agreement, at any time by providing the non-breaching Party written notice of termination setting forth a description of the breach and the effective date of termination.

(d) Effect of Termination. As of the effective date of termination of this BA Agreement, neither Party shall have any further rights or obligations hereunder except: (a) as otherwise provided herein or in the Agreement between the parties; (b) for continuing rights and obligations accruing under the Privacy Regulations; or (c) arising as a result of any breach of this BA Agreement, including, but not limited to, any rights and remedies available at law or equity. Upon termination of this BA Agreement for any reason, Business Associate shall return or destroy all PHI (regardless of form or medium), including all copies thereof and any data compilations derived from PHI and allowing identification of any Individual who is the subject of PHI. If the return or destruction of PHI is not feasible, Business Associate shall notify Covered Entity in writing. Thereafter, Business Associate shall continue to extend the protections of this BA Agreement to such information, and limit further uses or disclosures of such PHI to those purposes that make the return or destruction of such PHI not feasible, for as long as Business Associate maintains such PHI. If Business Associate elects to destroy the PHI, Business Associate shall notify Covered Entity in writing that such PHI has been destroyed. This subsection shall survive termination of this BA Agreement.

Section 6. Assignment. This BA Agreement and the rights and obligations hereunder shall not be assigned, delegated, or otherwise transferred by Business Associate without the prior written consent of Covered Entity and any assignment or transfer without proper consent shall be null and void.

Section 7. Governing Law and Venue. This BA Agreement shall be governed by, and interpreted in accordance with, the Privacy Regulations and the laws of the Commonwealth of Pennsylvania.

Section 8. Amendment or Modification. This BA Agreement may only be amended or modified by mutual written agreement of the parties; provided, however, that in the event provisions of this BA Agreement shall conflict with the requirements of the Privacy Regulations, this BA Agreement shall automatically be deemed amended as necessary to comply with such legal requirements.

Section 9. Waiver. The failure of either Party at any time to enforce any right or remedy available hereunder with respect to any breach or failure shall not be construed to be a waiver of such right or remedy with respect to any other breach or failure by the other Party.

Section 10. Severability. In the event that any provision or part of this BA Agreement is found to be totally or partially invalid, illegal, or unenforceable, then the provision will be deemed to be modified or restricted to the extent and in the manner necessary to make it valid, legal, or enforceable, or it will be excised without affecting any other provision of this BA Agreement, with the parties agreeing that the remaining provisions are to be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

Section 11. Entire Agreement. This BA Agreement constitutes the entire agreement between the parties with respect to the subject matter herein and supersedes all previous and contemporaneous oral and written negotiations, commitments, and understandings relating thereto.

TRUE RX

Business Associate Agreement

City of York

This Business Associate Agreement (“**Agreement**”) is made and entered this 18th of October, 2022 hereinafter referred to as the “**Effective Date**”, by and between **True Rx Management Services, Inc., d/b/a True Rx Health Strategists**, with primary offices located at PO Box 431, 2495 E. National Hwy., Washington, Indiana 47501 (“**Business Associate**”) and **City of York** with primary offices located at **101 South George St York, PA 17401** (“**Covered Entity**”) (each a “Party” and collectively the “Parties”).

WITNESSETH:

WHEREAS, Business Associate will provide certain management and administrative services to Covered Entity that may require the disclosure of certain protected health information (“PHI”), which must be maintained confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Pub. L. 104-191, and the accompanying regulations promulgated thereunder at 45 C.F.R. Parts 160 and 164 (the “Privacy Rule”) and 45 C.F.R. Parts 160, 162, 164 (the “Security Rule”) (collectively, the “HIPAA Regulations”), as amended and the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”), enacted as part of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5; and

WHEREAS, pursuant to the HIPAA Regulations and the HITECH Act, Covered Entity and Business Associate must agree in writing to comply with certain mandatory provisions regarding the use and disclosure of PHI; and

WHEREAS, Business Associate and its employees, affiliates, agents or representatives may access paper and/or electronic records containing PHI in carrying out their obligations to Covered Entity pursuant to either an existing or contemporaneously executed agreement for services (“Services Agreement”); and

WHEREAS, the Parties desire to enter into this Agreement to comply with the HIPAA Regulations and the HITECH Act, and to amend any agreements between them, whether oral or written, with the execution of this Agreement;

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

1. **Definitions.** The terms used, but not otherwise defined, in this Agreement shall have the same meaning as those in the HIPAA Regulations and the HITECH Act, as amended.

2. **Services Agreements.**

2.1. Existing Services Agreements. Covered Entity and Business Associate are parties to the following Services Agreements executed prior to the Effective Date and currently in effect (if any):

Agreement:	Services:	Date of Agreement:
<u>Pharmacy Services Agreement</u>	<u>Prescription Benefit Management</u>	<u>2023-01-01</u>

All existing Services Agreements between the Parties are incorporated herein by reference and are hereby amended by this Agreement. In the event of conflict between the terms of any Services Agreement and this Agreement, the terms and conditions of this Agreement shall govern.

2.2 **Use and Disclosure of PHI to Provide Services.** Business Associate will not use or further disclose PHI other than: (i) as permitted or required by the terms of the Services Agreement or this Agreement; (ii) as required by law; or (iii) as expressly permitted by HIPAA or the HITECH Act. Except as otherwise provided herein, Business Associate may make any and all uses or disclosures of PHI necessary to perform its obligations under the applicable Services Agreement. All other uses or disclosures not authorized by this Agreement are prohibited.

3. **Additional Business Associate Activities.** Except as otherwise provided in this Agreement, Business Associate may also:

Use the PHI in its possession for its proper management and administration and/or to fulfill any present or future legal responsibilities of Business Associate, provided that such uses are permitted under state and federal confidentiality laws.

3.2 Disclose the PHI in its possession for the purpose of its proper management and administration and/or to fulfill any present or future legal responsibilities of Business Associate. Business Associate represents to Covered Entity that (i) any disclosure it makes will be permitted under applicable laws; and (ii) Business Associate will obtain reasonable written assurances from any person to whom the PHI will be disclosed that the PHI will be held confidentially and used or further disclosed only as required and permitted under the Privacy Rule and other applicable laws, that any such person agrees to be governed by the same restrictions and conditions contained in this Agreement.

3.3 Aggregate Covered Entity's PHI in Business Associate's possession with the PHI of other covered entities that Business Associate has in its possession through its capacity as a Business Associate to such other covered entities, provided that the purpose of such aggregation is to provide Covered Entity with data analyses relating to its Health Care Operations, as such term is defined in the Privacy Rule. Business Associate will not disclose the PHI obtained from Covered Entity to another covered entity absent written authorization from Covered Entity.

3.4 De-identify any and all PHI provided that the de-identification conforms to the requirements of applicable law as provided for in 45 C.F.R. § 164.514(b) and that Business Associate maintains such documentation as required by applicable law, as provided for in 45 C.F.R. § 164.514(b). The Parties understand that properly de-identified information is not PHI under the terms of this Agreement.

4. **Business Associate Covenants.**

4.1 **Appropriate Safeguards.** Business Associate shall use appropriate safeguards to prevent the use or disclosure of PHI or access to ePHI, other than as provided for by this Agreement. For ePHI, appropriate safeguards means all the safeguards of the Security Rule and shall include the technologies and methodologies prescribed by the Secretary of HHS in 74 Fed Reg. 42740 (August 24, 2009), as amended from time to time.

4.2 **Full Compliance with Security Rule.** Business Associate shall comply with all standards and implementation specifications set out in 45 C.F.R. §§ 164.309, 164.310, 164.312, and 164.316, to ensure protection of ePHI it creates, receives, maintains or transmits on behalf of Covered Entity.

4.3 **Minimum Necessary.** Business Associate may only use or further disclose the minimum necessary PHI in performing the activities called for under the Services Agreement; and may not use or further disclose PHI except as permitted under this Agreement, the Privacy Rule, and applicable state law, each as amended from time to time.

4.4 **Reporting of Unauthorized Uses or Disclosures of PHI.**

4.4.1 Upon discovering a Breach of Unsecured PHI, Business Associate agrees to notify Covered Entity immediately, but in no event later than twenty (20) days from the date the Breach of Unsecured PHI is discovered by Business Associate in order that Covered Entity may comply with the notice and other requirements under the HIPAA Regulations and the HITECH Act. In accordance with 45 C.F.R. § 164.410, a Breach of Unsecured PHI shall be treated as discovered as of the first day on which such breach is known to Business Associate, or an employee, officer or other agent of Business Associate, or should reasonably have been known to such Business Associate. Notice regarding Breaches of Unsecured PHI must contain: (i) the subject of the PHI (i.e., patient name or identifier); (ii) a description of what happened; (iii) the date of the Breach and date of Discovery; (iv) a description of the types of unsecured PHI involved in the Breach; (v) the steps the individuals should take to protect themselves from potential harm resulting from the Breach; (vi) a brief description of what Business Associate is doing or will do to investigate and mitigate loss as a result of the Breach and to protect against any further Breaches; and (vii) the contact information and procedures for individuals to obtain additional information.

4.4.2 Business Associate will monitor for attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in Business Associate's information system ("Security Incident"). Business Associate will report any successful Security Incident rising to the level of a Breach to Covered Entity in accordance with Section 4.4.1. Business Associate will log all attempted but unsuccessful Security Incidents and report to the Covered Entity upon request, but at least annually, in accordance with 45 C.F.R. § 164.314.

4.5 **Mitigation.** Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate from an unauthorized use or disclosure of PHI.

4.6 **Subcontractors and Agents.** Business Associate agrees to require that any subcontractors or agents to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agree in writing to the same restrictions and conditions that apply to Business Associate with respect to such information under this Agreement, and to implement reasonable and appropriate safeguards to protect the confidentiality, integrity and availability of PHI created, received, transmitted or maintained by Business Associate or such third party in connection with this Agreement.

4.7 **Policies and Procedures.** Business Associate will comply with Covered Entity policies and procedures with respect to the privacy and security of PHI and other Covered Entity records, as well as policies and procedures with respect to access and use of Covered Entity's equipment and facilities.

4.8 **Patient Privacy Rights.** Business Associate will provide the rights of access, amendment, and accounting as set forth in Sections 6, 7, and 8.

4.9 **Marketing, Fundraising and Sale of PHI.** Business Associate shall not: (i) use or disclose PHI for fundraising or marketing purposes unless expressly permitted by Covered Entity, and in accordance with § 13406(a) of the HITECH Act; or (ii) disclose PHI to a health plan for payment or health care operations purposes if the individual has requested a restriction on uses and disclosures of PHI for marketing and/or fundraising activities and paid out of pocket in full for the health care item or services to which the PHI solely relates; or (iii) directly or indirectly receive remuneration in exchange for PHI, including sale of Electronic Health Records ("EHR"), except with the prior written consent of Covered Entity and as permitted by the HIPAA Regulations or the HITECH Act.

5. **Covered Entity Covenants.** Covered Entity covenants to notify Business Associate within five (5) business days of receipt of any material limitations to the consents or authorizations obtained by Covered Entity from individuals, or any other restrictions on the use or disclosure of PHI as agreed to by Covered Entity.

6. **Access to PHI.** Within ten (10) business days of a request by Covered Entity for access to PHI about an individual contained in a Designated Record Set, as such term is defined in the Privacy Rule, Business Associate shall make available to Covered Entity, or the individual to whom such PHI relates, or his or her authorized representative, such PHI for so long as such information is maintained in the Designated Record Set as defined in 45 C.F.R. § 164.524 and §13405(e) of the HITECH Act, and any regulations promulgated thereunder. In the event any individual requests access to PHI directly from Business Associate, Business Associate shall, within ten (10) business days, forward such request to Covered Entity. Any denials of access to the PHI requested shall be the responsibility of Covered Entity.

7. **Amendment of PHI.** Within ten (10) business days of receipt of a request from Covered Entity for the amendment of an individual's PHI or a record regarding an individual contained in a Designated Record Set, Business Associate shall, as required by 45 C.F.R. § 164.526, incorporate any such amendments in the PHI; provided, however, that Covered Entity has made the determination that the amendment(s) is/are necessary because the PHI that is the subject of the amendment(s) has been, or foreseeably could be, relied upon by Business Associate or others to the detriment of the individual who is the subject of the PHI to be amended. The obligation in this Section 7 shall apply only for so long as the PHI is maintained by Business Associate in a Designated Record Set.

8. **Accounting for Disclosures of PHI.** Within ten (10) business days of notice by Covered Entity to Business Associate that it has received a request for an accounting of disclosures of PHI regarding an individual, Business Associate shall make available to Covered Entity such information as is in Business Associate's possession and is required for Covered Entity to make the accounting required by 45 C.F.R. § 164.528. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall, within ten (10) business days, forward such request to Covered Entity. It shall be Covered Entity's responsibility to prepare and deliver any such accounting requested. Business Associate also agrees to comply with the requirements for disclosure of PHI from an EHR, as set out in §13405(c) of the HITECH Act and any regulations promulgated thereunder, as when applicable.

Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures. At a minimum, such information shall include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of the PHI disclosed; and (iv) a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individuals' authorization, or a copy of the written request for disclosure. The information also shall include any additional information required under §13405(c) of the HITECH Act and any regulations.

9. **Access to Books and Records Regarding PHI.** Business Associate will make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of, Covered Entity available to the Secretary of HHS for purposes of determining Business Associate's or Covered Entity's compliance with HIPAA and the HITECH Act.

10. **Disposition of PHI Upon Termination.** Business Associate will, at termination or expiration of the Services Agreement or this Agreement, if feasible, return or destroy all PHI received from, or created or received by Business Associate on behalf of, Covered Entity which Business Associate and/or its subcontractors or agents still maintain in any form, and will not retain any copies of such information. Business Associate shall destroy all PHI and ePHI in accordance with the approved technologies and methodologies set out by HHS in its guidance (74 Fed Reg. 42740, 42742 (Aug. 24, 2009)), as amended from time to time. If such return or destruction is not feasible, Business Associate will notify Covered Entity of such event in writing, and will thereupon extend the protections of this Agreement to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the PHI infeasible.

11. **Representations and Warranties of the Parties.** Each Party represents and warrants to the other Party:

(i) that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction in which it is organized or licensed, it has the full power to enter into this Agreement and to perform its obligations hereunder, and that the performance by it of its obligations under this Agreement have been duly authorized by all necessary corporate or other actions and that such performance will not violate any provision of any organizational charter or bylaws;

(ii) that neither the execution of this Agreement, nor its performance hereunder, will directly or indirectly violate or interfere with the terms of another agreement to which it is a party, or give any governmental entity the right to suspend, terminate, or modify any of its governmental authorizations or assets required for its performance hereunder;

(iii) that all of its employees, agents, representatives and members of its workforce, whose services may be used to fulfill obligations under this Agreement are or shall be appropriately informed of the terms of this Agreement and are under legal obligation to each Party, respectively, by contract or otherwise, sufficient to enable each Party to fully comply with all provisions of this Agreement; and

(iv) that it will reasonably cooperate with the other Party in the performance of the mutual obligations under this Agreement.

12. **Term.** Unless otherwise terminated as provided in Section 13, this Agreement shall become effective on the Effective Date and shall have a term that shall run concurrently with that of the Services Agreement.

13. **Termination.**

13.1 **Generally.** This Agreement will automatically terminate without any further action of the Parties upon the termination or expiration of the Services Agreement; provided, however, certain provisions and requirements of this Agreement shall survive such termination or expiration in accordance with Section 14.

13.2 **Termination by Parties.** Either Party may immediately terminate this Agreement, the Services Agreement and any related agreements if that Party ("Non-Breaching Party") makes the determination that the other Party ("Breaching Party") has breached a material term of this Agreement, or is engaging in a pattern of activity or practice that violates this Agreement. Alternatively, Non-Breaching Party may, in its sole discretion, choose to provide Breaching Party with written notice of the existence of the breach and provide Breaching Party with thirty (30) calendar days to cure said breach upon mutually agreeable terms. In the event that mutually agreeable terms cannot be reached within this thirty (30) day period, Breaching Party shall cure said breach to the satisfaction of Non-Breaching Party within an additional fifteen (15) days. Failure by Breaching Party to cure said breach or violation in the manner set forth above shall be grounds for immediate termination of this Agreement and the Services Agreement by Non-Breaching Party. If termination is not feasible, Non-Breaching Party has the right to report the problem to the Secretary of HHS.

14. **Effect of Termination.** Upon termination pursuant to Section 13, Business Associate agrees to return or destroy all PHI pursuant to 45 C.F.R. § 164.504(e)(2)(I), if it is feasible to do so. Prior to doing so, Business Associate further agrees to recover any PHI in the possession of its subcontractors or agents. If it is not feasible for Business Associate to return or destroy all PHI, Business Associate will notify Covered Entity in writing. Such notification shall include: (i) a statement that

Business Associate has determined that it is infeasible to return or destroy the PHI in its possession; and (ii) the specific reasons for such determination. Business Associate further agrees to extend any and all protections, limitations and restrictions contained in this Agreement to Business Associate's use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible. If it is infeasible for Business Associate to obtain from a subcontractor or agent any PHI in the possession of the subcontractor or agent, Business Associate must provide a written explanation to Covered Entity and require the subcontractors and agents to agree to extend any and all protections, limitations and restrictions contained in this Agreement to the subcontractors' and/or agents' use and/or disclosure of any PHI retained after the termination of this Agreement, and to limit any further uses and/or disclosures to the purposes that make the return or destruction of the PHI infeasible.

15. Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate from an unauthorized use or disclosure of PHI in Business Associates possession or control. Business Associate will cooperate with Covered Entity, at Covered Entity's sole expense, in mitigating, to the extent practicable, any harmful effect of an unauthorized use or disclosure of PHI in Covered Entity's possession or control.

16. Change of Law. The parties acknowledge that the HIPAA Regulations and the HITECH Act may be modified from time to time. The parties specifically agree to take such action as necessary to implement the standards and requirements of the HIPAA Regulations, the HITECH Act, and other applicable laws and regulations relating to the privacy and security of PHI. Upon either Party's request, the other Party shall agree to promptly enter into good faith negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of the HIPAA Regulations, the HITECH Act, and other applicable state laws and regulations relating to the privacy and security of PHI. Either Party may terminate this Agreement upon sixty (60) days written notice in the event the other Party does not promptly enter into negotiations to amend this Agreement when requested by the other Party pursuant to this Section 16.

17. Regulatory References. A reference in this Agreement to a section in the HIPAA Regulations or the HITECH Act means the section as in effect, or as amended, and for which compliance is required.

18. Amendments; Waiver. This Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties. The failure of either Party to enforce at any time any provision of this Agreement shall not be construed to be a waiver of such provision, nor in any way to affect the validity of this Agreement or the right of either Party thereafter to enforce each and every such provision.

19. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors or assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

20. Notices. Any notice required or permitted under this Agreement shall be given in writing and delivered by hand, via a nationally recognized overnight delivery service (e.g., Federal Express), or via registered mail or certified mail, postage pre-paid and return receipt requested, to the following:

Business Associate: True Rx Management Services
d/b/a True Rx Health Strategists
PO Box 431
2495 E. National Hwy.
Washington, IN 47501
ATTN: Legal Department
Email: legal@truerx.com

Covered Entity: City of York
101 South George St
York, PA 17401
ATTN: Kim Robertson
Email:
krobertson@yorkcity.org

Notice of a change in address of one of the Parties shall be given in writing to the other Party as provided above.

21. Counterparts; Facsimiles. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies hereof shall be deemed to be originals.

22. **Disputes.** If any controversy, dispute or claim arises between the Parties with respect to this Agreement, the Parties shall make good faith efforts to resolve such matters informally. In the event that, the Parties are unable to resolve such matters the Parties agree that any necessary litigation shall be commenced with the Federal District Court for the Southern District of Indiana sitting in Evansville, Indiana and any non-federal law issues shall be litigated in the Daviess Circuit Court, sitting in Washington, Indiana.

23. **Corporate/Entity Authority.** The undersigned Person or Persons executing this Agreement on behalf of the corporate parties or other legal entities to this Agreement, represent and certify that they are duly elected or appointed Officers or Representatives of said corporation or entities, and are fully empowered to execute and deliver this Agreement, and that all necessary corporate action for the making of this Agreement has been taken.

24. **Survivability.** In the event that any particular provision of this Agreement is found to be invalid or unenforceable, said finding does not invalidate or affect all other provisions of this Agreement.

25. **LIMITATION OF LIABILITY. EXCEPT FOR FRAUD AND INTENTIONAL MISREPRESENTATIONS, NO PARTY SHALL BE LIABLE FOR ANY SPECIAL, CONSEQUENTIAL, PUNITIVE, EXEMPLARY, INCIDENTAL OR INDIRECT DAMAGES, COSTS, EXPENSES, CHARGES OR CLAIMS.**

INTENDING TO BE LEGALLY BOUND, the Parties hereto have duly executed this Agreement as of the Effective Date.

– City of York

**– True Rx Management Services, Inc.,
d/b/a True Rx Health Strategists**

By: _____

Name:

Title:

Date:

By: _____

Name: Michael D. Chestnut, Esq.

Title: General Counsel

Date:

Prescription Consulting Services Agreement

This Prescription Consulting Services Agreement (this “**Agreement**”) is entered into by and between City of York, on behalf of its employee health benefits plan (the “**Plan**”), with its principal place of business located at 101 South George St., York, PA 17405 (the “**CLIENT**”) and EPLS LLC, a Pennsylvania limited liability company with its principal place of business located at 2250 Erin Court, Lancaster, Pennsylvania 17601 (“**EPLS**”), individually “**Party**” and collectively “**Parties**”.

Background

CLIENT sponsors and operates a self-funded group health plan (the “**Plan**”) through which it offers prescription drug coverage to its eligible employees and their dependents (collectively, the “**Plan beneficiaries**”). CLIENT, on behalf of the Plan, desires to engage EPLS to support and oversee the Plan’s prescription drug benefit program for the purpose of promoting clinical and financial improvements, and EPLS desires to provide such consulting services to CLIENT, all as more fully described herein.

Agreement

NOW, THEREFORE, in consideration of the promises and obligations of each Party hereunder, the Parties agree as follows:

1. Effective Date/Term.

1.1 This Agreement shall be effective on January 1, 2024 and shall continue for the initial term of one (1) year (“**Initial Term**”). Thereafter, this Agreement shall automatically renew for successive one-year terms, unless it is terminated according to the provisions herein. The Initial Term and any subsequent renewals shall be referred to herein as the “**Term**”.

2. Responsibilities of CLIENT.

2.1 CLIENT authorizes EPLS to provide the Services (as defined below) on behalf of CLIENT to the Plan regarding its pharmacy benefit program. CLIENT acknowledges and authorizes EPLS to contact the Plan beneficiaries in connection with EPLS’ performance of the Services.

2.2 CLIENT covenants and agrees that CLIENT will:

- a. Make all reasonable efforts to ensure cooperation of the CLIENT’s Prescription Benefit Manager (“**PBM**”) in providing necessary data and other information required for EPLS to discharge its duties under this Agreement in such form as reasonably requested by EPLS. It shall be CLIENT’s obligation, and not EPLS’ obligation, to ensure that this Agreement does not violate any agreement CLIENT has or may in the future have with the PBM.
- b. Make reasonable efforts to ensure that all data provided to EPLS in connection with the Services is accurate and complete. CLIENT acknowledges that EPLS is entitled to rely upon the accuracy and completeness of the data provided, directly or indirectly, by CLIENT and/or the PBM in performing EPLS’ duties under this Agreement.

- c. Authorize EPLS to receive monthly prescription claim reports that include data fields provided by EPLS no later than fifteen (15) days after the end of each month.
- d. Provide Plan beneficiary eligibility files on a monthly basis or provide member contact information not limited to Plan beneficiaries' names, phone numbers, emails, and addresses for EPLS' use in performing the Services under this Agreement.
- e. Provide CLIENT's stop-loss carrier with such claims information and other information as may be requested by the carrier. CLIENT acknowledges that it is CLIENT's sole responsibility to coordinate with CLIENT's stop-loss carrier and that EPLS makes no representation regarding CLIENT's carrier's acceptance of its claims.
- f. Provide such other information as EPLS may reasonably request to enable EPLS to provide the Services under this Agreement.
- g. Include information regarding the Services offered under this Agreement in the appropriate welfare benefit plan documents that CLIENT distributes to Plan beneficiaries.
- h. Cooperate and make all reasonable efforts to ensure the cooperation of its employees, in all reasonable respects with EPLS, and to comply with all reasonable requests by EPLS relating to its provision of the Services. CLIENT will take all reasonably necessary steps to prevent CLIENT caused delays in EPLS' provision of the Services, including the prompt provision of EPLS' access to the Plan's data applicable to the Services. CLIENT will promptly secure all Plan beneficiary authorizations, third-party authorizations, pre-certifications, consents and approvals needed to enable EPLS to provide the Services hereunder.
- i. EPLS makes no representation regarding the treatment of transactions regarding federal or state income taxation. Consult a tax advisor to determine any tax consequences of this agreement.

3. **Responsibilities of EPLS.**

3.1 EPLS will consult on those clinical and financial opportunities which it reasonably expects, in EPLS' discretion, to improve CLIENT's prescription benefit program under the Plan. EPLS will provide the following support and oversight services, as EPLS deems appropriate, in connection with elected EPLS services and the Plan's prescription benefit program (collectively, "**Services**"):

Client elects the following EPLS services, see description of services in Appendix C:

- Claim Oversight & Alternate drug program
- Manufacturer Program, CopaySaver, 340B and Domestic Pharmacy Sourcing for drug cost > \$1,450
- International Sourcing for Drug Cost > \$1,450
- International Sourcing for Drug Cost < \$1,450
- CopaySaver for Drug Cost < \$1,450
- Formulary Exclusion List
- EPLS JCode Exclusion Program
- EPLS JCode Incentive Program: Member incentive for each administration \$ 150.00
- Hard Orphan Exclusion
- Hard Specialty Exclusion

- a. Provide oversight on all prescription claims and identify financial and clinical savings opportunities.

- b. Consult to facilitate drug changes with employee, prescriber, and PBM for clinical and/or financial reasons, when appropriate.
- c. Consult to facilitate where and how a drug is sourced with employee, prescriber, infusion center, PBM and/or Prescription Advocate for clinical and/or financial reasons, when appropriate, and based on EPLS services selected.
- d. Initiate utilization management changes on behalf of the Plan not limited to formulary, clinical programs, upcoming drug change impact, new to market, name brand to generic, specialty vs. non-specialty and drug shortages when appropriate.
- e. Provide a team of clinical pharmacists to assist medical professionals and patients to determine the best alternative for high-cost medications.
- f. Provide concierge member service including but not limited to; member introduction/understanding of the Program, assistance registering and identifying the most appropriate sourcing programs, scheduling refills, and communicating with pharmacies/prescribers/prescription benefit managers as needed, based on EPLS services selected.
- g. If applicable, provide annual aggregate data available to EPLS for the CLIENT's use in complying with reporting obligations under the Consolidated Appropriations Act (2021) and/or Transparency in Coverage rules. The Parties agree that CLIENT is solely responsible for complying with all such reporting obligations.

EPLS shall have no obligation to acquire information beyond that which is provided to it by CLIENT or CLIENT's PBM.

3.2 The Parties may, at any time after execution of this Agreement, agree in writing to the provision of services outside the scope of those identified in Section 3.1. These services are referred to as “**Additional Services**”, and shall be accounted, invoiced, administrated, and paid for separate from the Services referred to herein and shall be detailed in an Appendix attached to this Agreement.

4. Independent Contractor.

4.1 EPLS is an independent contractor of CLIENT, and not an employee, partner, agent or joint venture partner. This Agreement shall not make either Party a legal representative or agent of the other, nor shall either Party have the right or authority to assume, create or incur any liability or litigation, expressed or implied, against or in the name of on behalf of the other Party.

4.2 EPLS does not direct or exercise any control over the professional judgment exercised by any pharmacist in dispensing prescriptions or otherwise providing pharmaceutical related services. Network pharmacies are independent contractors, and EPLS shall have no liability to CLIENT, plans, any covered person, or any other person or entity for any act or omission of any network pharmacy or its agents or employees.

5. EPLS' Compensation.

5.1 In consideration of the provision of the Services during the Term, CLIENT agrees to pay EPLS the fees and costs outlined in Appendix B.

- a. Consultant paid commission when box is checked

- b. EPLS Fees shall be paid to EPLS within thirty (30) days upon receipt of an invoice. Invoices provided to CLIENT will be de-identified of Protected Health Information in accordance with HIPAA.
- c. EPLS may pay an outstanding balance for inventory management fees, drugs sourced through EPLS partner pharmacies, shipping fees, grants and other sources on behalf of the CLIENT. Reimbursement shall be paid to EPLS within thirty (30) days upon receipt of an invoice.
- d. At the discretion of EPLS, CLIENT may be required to fund the cost of the drug and related fees prior to drug shipment or performing services.
- e. EPLS Fees may be adjusted at the end of the Initial Term or any renewal term to account for program changes that are necessary due to market changes, or upon mutual written agreement of the Parties. EPLS shall provide notice to CLIENT of any such adjustments at least ninety (90) days prior to the end of the initial term or any renewal term.
- f. EPLS will provide a savings report, which may contain certain Protected Health Information in order to substantiate the savings. To maximize HIPAA compliance, EPLS will provide this report to an individual that CLIENT has designated as authorized to receive and handle Protected Health Information, as identified on the signature page of this Agreement. If no individual person is identified, or upon CLIENT's request, EPLS will de-identify its savings report of PHI.

5.2 Sourcing from EPLS partner pharmacies (when applicable).

- a. EPLS is not responsible for lost or stolen shipments, damage caused by shipping delays or member delay of delivery acceptance.
- b. EPLS, in good faith, confirms member eligibility prior to drug shipments. EPLS is not responsible for the cost of drug shipments made to former members terminated from the benefit plan within 34 days of a drug shipment.

5.3 In the event that CLIENT fails to pay any amount due under this Agreement within the grace period of five (5) days of the due date, CLIENT shall be subject to a penalty five percent (5%) on any unpaid balances. In addition, CLIENT shall be responsible for all costs of collection and agrees to reimburse EPLS for such costs and expenses including reasonable attorneys' fees.

6. Confidentiality.

6.1 Each Party acknowledges that during the performance of its obligations hereunder, it has received or may receive confidential information from the other Party. As used herein, "Confidential Information" includes, but is not limited to, proposals and analysis, proprietary business and technical information, patient and third-party payer lists, statistical data, computer programs, pricing information, operational procedures, the Agreement and all exhibits, addenda and alterations hereto, network pharmacy coverage information, trade secrets and innovations, and other information of similar nature obtained by either Party. Confidential Information will not include information that is: (i) generally known to the public at the time of disclosure; (ii) rightfully received by either Party from a third Party not under obligation of confidentiality with respect to such information; or (iii) becomes publicly available through no act or omission of either Party or its agents or employees.

6.2 Each Party covenants and agrees that, without the prior written consent of the other Party (which consent may be withheld for any reason or may be given subject to conditions and restrictions), neither it nor its directors, officers, employees or agents will reveal or use any Confidential Information received from the other Party other than to exercise its rights or perform its obligations under this

Agreement. To that end, EPLS may disclose Confidential Information as reasonably necessary to perform the Services under this Agreement, including disclosing the Confidential Information to third Party vendors.

6.3 Confidential Information may be disclosed pursuant to a bona fide subpoena if the Party receiving the bona fide subpoena has given the other Party timely written notice of receipt of the subpoena so that the other Party can object or otherwise intervene as it deems proper. All Confidential Information will remain the property of the disclosing Party, and the receiving Party will return or destroy all written, tangible, or electronic materials, and all copies thereof, upon request of the disclosing Party.

7. Use and Disclosure of Protected Health Information. In carrying out its obligations under this Agreement, EPLS may have access to individually identifiable health information on the Plan's beneficiaries, including patient names and other medical information, maintained by the Plan in electronic, oral, and written form ("**Protected Health Information**" or "PHI"). The parties agree to comply with the Health Insurance Portability and Accountability Act ("**HIPAA**") and any other federal or state laws governing the privacy and security of Protected Health Information. Each Party will protect the privacy and security of Protected Health Information received by EPLS from time to time pursuant to this Agreement, in accordance with the provisions of that certain HIPAA Business Associates Agreement, attached hereto and made a part hereof as Exhibit A.

Notwithstanding any contrary provisions in this Agreement, CLIENT grants EPLS the right to use de-identified Plan beneficiary drug and related medical data in its research, cost analyses, and cost comparison studies. All research, cost analyses, cost comparisons and other similar studies or reports EPLS conducts or prepares will be EPLS' sole and exclusive property. EPLS may aggregate this information with that of other CLIENTs and shall de-identify it to protect CLIENT and Plan beneficiary confidentiality.

8. Delays. Notwithstanding anything to the contrary contained in this Agreement, EPLS will not be liable for any delay or failure to provide the Services or to perform any other duty or obligation under this Agreement where such failure results from, arises out of, or is otherwise caused by an event or circumstance beyond the reasonable control of EPLS.

9. Non-Solicitation. During the Term of this Agreement and for a period of one (1) year after the expiration or termination hereof, CLIENT shall not, directly or indirectly, for CLIENT or on behalf of any other person or entity, solicit, recruit, entice or persuade any employee or independent contractor of EPLS or its affiliates to leave the employ of, or end the contractual relationship with, EPLS or its affiliates.

10. Insurance Coverage. Each Party will maintain, during and for a reasonable period of time after the Term, reasonable and customary insurance (whether through third-party carriers or self-insured arrangements or retentions) to enable the Party to meet its obligations under this Agreement and to comply with any legal requirements.

11. Disclaimer of Warranties; Limitations on Liability; Acceptance of Risk.

11.1 This Agreement is not a contract for the sale of goods. EPLS will perform the Services under this Agreement in a professional and workmanlike manner in accordance with its covenants and

obligations hereunder and applicable law. EXCEPT AS WARRANTED IN THIS SECTION 11, EPLS DISCLAIMS ALL EXPRESS AND ALL IMPLIED WARRANTIES OF ANY KIND, INCLUDING THE SUITABILITY FOR ANY PARTICULAR PURPOSE OF THE DATA GENERATED. EPLS HAS UTILIZED DUE DILIGENCE IN COLLECTING AND REPORTING THE INFORMATION CONTAINED IN THE REPORTING PROVIDED AND HAS OBTAINED SUCH INFORMATION FROM SOURCES BELIEVED TO BE RELIABLE. EPLS DOES NOT WARRANT THAT ITS SERVICES WILL BE UNINTERRUPTED OR ERROR FREE.

11.2 EPLS will not be liable for any mistake of judgment or other actions taken in good faith. In the event EPLS makes a good faith mistake under this Agreement, EPLS will make a diligent effort to recover any incorrect excess payment made but will not be required to institute any court proceedings.

11.3 CLIENT acknowledges that the internet is not a secure or reliable environment and that the ability of EPLS to deliver internet services is dependent upon the internet and equipment, software, systems, data, and services provided by various telecommunications carriers, equipment manufacturers, firewall providers, and encryption system developers and other vendors and third-parties. CLIENT acknowledges that use of the internet in conjunction with EPLS' Services entails confidentiality and other risks that may be beyond its reasonable control.

11.4 EPLS will not be liable for any loss incurred from lost or stolen mail order prescriptions.

11.5 CLIENT acknowledges that although the United States federal government has indicated and practiced a standing policy of non-enforcement, international drug sourcing is not permitted by United States law. Utilizing the international sourcing feature of EPLS' services is a calculated risk taken based on the opinions expressed by the applicable regulatory bodies to the effect of not enforcing the provisions of law that tend to render this practice unlawful.

11.6 This Section shall survive termination of this Agreement.

12. Indemnification.

12.1 EPLS shall indemnify and hold harmless CLIENT from any and all liabilities, losses, damages, claims, costs and expenses, interest, awards, judgments, and penalties (including, without limitation, reasonable attorneys' fees and expenses) (each, a "**Loss**"), arising out of or resulting from the negligence or willful misconduct of EPLS, except to the extent any such Losses were caused by the negligence or intentional conduct of CLIENT.

12.2 CLIENT shall indemnify and hold harmless EPLS from any Loss arising out of or resulting from the negligence or willful misconduct of CLIENT, except to the extent any such Losses were caused by the negligence or intentional conduct of EPLS.

12.3 Neither EPLS nor CLIENT will be liable for indirect, incidental, consequential, punitive, special, or exemplary damages, arising out of or related to performance of this Agreement or a breach of this Agreement, even if advised of the possibility of such damages. EPLS' maximum liability to CLIENT, regardless of the form of action and whether for damages, indemnification or otherwise, shall not exceed the administrative fees paid by CLIENT over the six (6) months preceding the date of the claim.

12.4 This Section shall survive termination of this Agreement.

13. Termination.

13.1 This Agreement may be terminated by CLIENT or by EPLS at any time after the Initial Term, upon sixty (60) days' prior written notice to the other Party.

13.2 This Agreement will terminate automatically and immediately upon the occurrence of any of the following:

- a. CLIENT fails to pay any fees within sixty (60) days after charges are due and payable as provided in this Agreement;
- b. CLIENT becomes insolvent or bankrupt or subject to liquidation, receivership, or conservatorship; or
- c. CLIENT fails to provide the necessary information in a timely fashion or provides materially inaccurate information that would cause EPLS to not be able to perform the Services as contemplated hereunder.

13.3 Upon the termination of this Agreement by mutual agreement or if the Plan or the Plan benefits subject to this Agreement are terminated, CLIENT and EPLS will mutually develop a "30-day run-out plan" providing for notification to Client's employees and the completion of Services. EPLS will place a permanent override with the PBM on all new claims originating during this period that qualify for Progressive Sourcing. CLIENT is responsible for payment of all EPLS Fees, pre-paid amounts including shipping fees during the run-out period.

Miscellaneous.

14.1 Each Party represents and warrants to the other that it has the full right and power to enter into and perform under this Agreement, without any third-party consents or conflicts with any other agreement.

14.2 Any notice or other communication required by this Agreement shall be in writing and made by personal service, certified mail or overnight delivery service, to the Party to receive such notice at its address set forth in the introductory paragraph of this Agreement, and shall be deemed made when delivered by personal service, three business days after deposit in the US mail or one business day after given to an overnight delivery service.

14.3 If any provision of this Agreement is held invalid by law or by a court of law, the invalidity will not affect any other provision of this Agreement. The provisions of this Agreement are severable. It is provided, however, that the basic purposes of this Agreement must be achieved through the remaining valid provisions.

14.4 The captions and headings throughout this Agreement are for convenience and reference only. The words of the captions and headings will in no way be held or deemed to define, describe, explain, modify or limit the meaning of any provision, or the scope or the intent of this Agreement.

14.5 Failure by CLIENT, EPLS or both to insist upon compliance with any term or provision of this Agreement at any time or under any set of circumstances will not waive or modify that provision or render it unenforceable at any other time whether or not the circumstances are the same. No waiver of any of the terms or provisions of this Agreement will be valid or of any force or effect unless in each

instance the waiver or modification is contained in a written memorandum expressing such alteration or modification and executed by the affected Party.

14.6 This is the sole Agreement between the parties and shall not be amended or modified except by a written instrument executed by both parties. This Agreement shall be interpreted under the laws of the Commonwealth of Pennsylvania.

14.7 This Agreement shall inure to the benefit of and be binding on CLIENT and EPLS and their respective successors and assigns. CLIENT may not assign this Agreement without EPLS's prior written consent, except to a third party acquiring all or substantially all of CLIENT's voting securities or assets.

IN WITNESS WHEREOF, the undersigned parties have entered into this Agreement effective as of the date of CLIENT/PLAN's signature below.

For: CLIENT/PLAN

By: _____

Date: _____

Name: _____

Title: _____

Name and Email of Designee to Receive PHI: _____

For: EPLS LLC

By:

Date:

Name: William Tell

Title: President and CEO

Appendix B

Schedule of Fees

Program	Fee	Fee Applies To
Claim Oversight & Alt Drug Program	\$2.85/claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan during agreement period
Manufacturer Program and Domestic Pharmacy Sourcing Drug Cost > \$1,450 per 30-day supply or \$4,350 per 90-day supply	\$6.60/claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan when sourcing is active
International Sourcing for Drug cost > \$1,450 per 30-day supply or \$4,350 per 90-day supply	No Fee when combined with Manufacturer Program Sourcing	
*International Sourcing for Drug cost < \$1,450	\$260-\$190/shipment	All EPLS coordinated shipments from EPLS partner pharmacies
Copay\$aver for Drug cost < \$1,450	No Fee when combined with Claim Oversight and Alt Drug Program	Copay\$aver for Drug cost < \$1,450
EPLS Formulary Exclusion List	No Fee when combined with Claim Oversight and Alt Drug Program	
J-Code Exclusion Program**	50% of first \$30,000; 20% of savings thereafter capped at \$30,000	All JCode drugs sourced by EPLS or Site of Care changes initiated by EPLS
J-Code Incentive Program**	50% of first \$30,000; 20% of savings thereafter capped at \$30,000	All JCode drugs sourced by EPLS or Site of Care changes initiated by EPLS
Consultant Commission	\$0.55/claim	All claims processed (less reversals) by Prescription Benefit Manager and reviewed by EPLS under the terms of the Plan when sourcing is active

*International Access: A per shipment fee of \$260.00 shall be paid for each shipment of a medication REPLACING a drug with a PBM ingredient cost between \$1,450.00 and \$675.00. A per shipment fee of \$190.00 shall be paid for each shipment of a medication REPLACING a drug with a PBM ingredient cost less than \$675.00.

**Fees for successfully sourced drugs are 50% savings up to \$15,000; 20% savings thereafter capped at \$30,000 per twelve (12) month period. Savings calculated by subtracting the sourced drug cost or new *Site of Care* drug cost from the plan paid amount at the time the medication was reported to EPLS. If plan paid amount is not available, the sourced drug cost is subtracted from the lesser of AWP – 10% or pharmacy acquisition cost at the time the medication was shipped.

Appendix C

Description of Services

<p><u>Claim Oversight & Alternate Drug Program</u> Review and evaluation of monthly prescription claims processed by Prescription benefit Manager (PBM) to identify opportunities for improved clinical outcomes. This includes but is not limited to formulary changes, recommending alternate drug options to prescribers, recommending plan specification changes, and recommending SPD language.</p>
<p><u>Manufacturer Program, 340B and Domestic Pharmacy Sourcing for drug cost > \$1,450</u> High-cost drug sourcing from manufacturer programs, foundations and 340B programs. EPLS assists members through the registration process and authorizes each shipment when EPLS domestic pharmacy partners are utilized.</p>
<p><u>International Sourcing for Drug Cost > \$1,450</u> EPLS identifies opportunities for cost savings, contacts members, assists them through the registration process and authorizes each shipment when EPLS International pharmacy partners are utilized.</p>
<p><u>International Sourcing for Drug Cost < \$1,450</u> EPLS identifies opportunities for cost savings, contacts members, assists them through the registration process and authorizes each shipment when EPLS International pharmacy partners are utilized.</p>
<p><u>Formulary Exclusion List</u> EPLS managed formulary exclusion list enables EPLS to quickly remove high-cost, low value drugs from the formulary and steer utilization to higher value medications with identical clinical outcomes.</p>
<p><u>CopaySaver</u> Utilize manufactured copay cards to reduce member and Plan drug cost. EPLS enrolls members in copay programs, communicates copay card information to pharmacies and adjusts plan copays to benefit the Plan.</p>
<p><u>J-Code Exclusion Program</u> EPLS works with the third-party administrator (TPA) to establish J-Code exclusions on the medical plan. EPLS utilizes but is not limited to manufacturer programs, 340B programs, foundations, international and domestic pharmacies to source medications that cannot be self-administered. EPLS may initiate site of care changes for drug administration.</p>
<p><u>J-Code Incentive Program</u> The EPLS Program offers members a financial incentive to cooperate with EPLS to source drugs and change site of care. EPLS utilizes but is not limited to manufacturer programs, 340B programs, foundations, international and domestic pharmacies to source medications that cannot be self-administered. EPLS may initiate site of care changes for drug administration.</p>

Exhibit A

HIPAA BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (“BA Agreement”) is made and entered into as of this First (1) Day of January, 2024 (“**Effective Date**”), by and between **City of York**, its subsidiaries and affiliates (hereinafter referred to as “**Covered Entity**”) and EPLS LLC, a Pennsylvania limited liability company (hereinafter referred to as “**Business Associate**”).

WHEREAS, Covered Entity and Business Associate have entered, or will enter, into certain business arrangement(s) (the “**Agreement**”) pursuant to which Business Associate performs, or assists in the performance of a function or activity involving the use or disclosure of Protected Health Information (“**PHI**”) or provides certain services for Covered Entity where the provision of the service involves the disclosure of PHI from Covered Entity. PHI, as defined below, is information that is subject to protection under the privacy regulations (“**Privacy Regulations**”) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“**Original HIPAA**”), as amended by the Health Information Technology for Economic and Clinical Health Act (“**HITECH**”, and collectively with Original HIPAA, the “**HIPAA Statute**”), along with regulations promulgated by the Secretary of the Department of Health and Human Services (“**HHS**”) under the HIPAA Statute, including the “**Privacy Rule**” (45 CFR Parts 160 and 164, Subparts A and E) and the “**Security Rule**” (45 CFR Part 160 and 164, Subparts A and C), as amended by the “**Omnibus Rule**” (45 CFR Part 160, Subparts A, B, C and D and Part 164, Subparts A and C) (the Privacy Rule, the Security Rule and the Omnibus Rule, collectively the “**HIPAA Rules**”), as well as any other applicable laws concerning the privacy and security of health information. Hereinafter, the HIPAA Rules and the HIPAA Statute may be collectively referred to as “**HIPAA**.”

WHEREAS, Covered Entity requires that Business Associate protect the privacy and provide for the security of PHI in compliance with the Privacy and Security Regulations; and

WHEREAS, the Privacy and Security Regulations require Business Associate to enter into an agreement containing specific requirements for use or disclosure of PHI.

NOW, THEREFORE, in consideration of the foregoing and of the covenants and agreements set forth herein, the parties, intending to be legally bound, agree as follows:

Section 1. Definitions. The terms used, but otherwise not defined, in this BA Agreement shall have the same meaning as those terms in the Privacy and Security Regulations.

(a) “**Individual**” shall have the meaning set forth in 45 CFR 160.103, including a person who is the subject of the Protected Health Information, and shall include an individual or entity who qualifies as a personal, legal representative of the person, as the context requires.

(b) “**Privacy Regulations**” shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, Subparts A and E, as may be amended, modified or superseded, from time to time.

(c) “**Security Regulations**” shall mean the Standards for Security of Individually Identifiable Electronic Health Information at 45 CFR Parts 160 and 164, Subparts A, C and E, as may be amended, modified or superseded, from time to time.

(d) “**Protected Health Information**” or “**PHI**” shall have the meaning set forth in 45 CFR 160.103, including any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual (including, without limitation, genetic information pertaining to an Individual); or (ii) the provision of health care to an Individual; or (iii) the past, present or future payment for the provision of health care to an Individual;

and (iv) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

(e) “Electronic Protected Health Information” or “ePHI” shall mean PHI transmitted or maintained in electronic media.

(f) “Electronic Media” shall mean storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media.

(g) “Secretary” shall mean the Secretary of the U.S. Department of Health and Human Services or his/her designee.

(h) “Unsecured PHI” shall mean Protected Health Information that is not either encrypted or destroyed in accordance with standards set forth in regulations released by the U.S. Department of Health and Human Services, as the same may be amended from time-to-time.

Section 2. Obligations of Business Associate.

(a) Permitted Uses. Except as otherwise limited in this BA Agreement, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement, provided that such use or disclosure would not violate HIPAA if done by Covered Entity. Except as otherwise limited in this BA Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

(b) Permitted Disclosures. Except as otherwise limited in this BA Agreement, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that such disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and that the person will notify the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Appropriate Safeguards. Business Associate shall implement appropriate administrative, technical and physical safeguards in compliance with the Privacy Regulations as are necessary to prevent the use or disclosure of PHI, other than as permitted by this BA Agreement. To the extent that Business Associate has been engaged to carry out one or more of Covered Entity's obligation(s) under the Privacy Regulations, Business Associate shall comply with the requirements of the Privacy Regulations that apply to Covered Entity in the performance of such obligation(s). Business Associate shall implement reasonable security methods to safeguard Covered Entity's PHI.

(d) Business Associate's Agents and Subcontractors. To the extent Business Associate uses one or more subcontractors or agents to provide services to Covered Entity pursuant to the Agreement between the parties, and such subcontractors or agents receive or have access to PHI, Business Associate shall require that each subcontractor or agent execute a Subcontractor Agreement as described below; in no event shall any subcontractor of Business Associate be bound to terms less restrictive than this BA Agreement regarding the use, disclosure and protection of PHI and ePHI, and

any such subcontractors shall be bound by portions of this BA Agreement regarding breaches of Unsecured PHI and notifications relating to such breaches.

Business Associate shall not transmit Covered Entity's PHI to any Subcontractor or prospective Subcontractor except as otherwise provided herein. In accordance with the Omnibus Rule, Business Associate shall enter into a written subcontractor agreement (the "**Subcontractor Agreement**") with any Subcontractor that creates, receives, maintains, or transmits Covered Entity's PHI on behalf of Business Associate. In the event that Business Associate knows of a pattern of activity or practice of a Subcontractor that constitutes a material breach or violation of the Subcontractor's obligation under the Subcontractor Agreement or other arrangements, Business Associate shall take reasonable steps to cure such breach or end the violation, as applicable, and, if such steps shall unsuccessful, terminate the Subcontractor Agreement or other arrangements, if feasible.

(e) Access to PHI. Within fifteen (15) days of receipt of a request from Covered Entity, Business Associate shall make PHI available to Covered Entity for inspection and copying to enable Covered Entity to fulfill its obligations under 45 CFR 164.524. Further, Business Associate shall provide access to PHI as directed by Covered Entity, to an Individual in order to satisfy requirements under 45 CFR 164.524.

(f) Amendment of PHI. Within fifteen (15) days of receipt of a request from Covered Entity, Business Associate shall amend PHI as directed by Covered Entity to enable Covered Entity to fulfill its obligations under 45 CFR 164.526. If a request for amendment of PHI is delivered directly to Business Associate, Business Associate shall, as soon as possible, but no later than fifteen (15) days after receipt of the request, forward the request to Covered Entity.

(g) Accounting of Disclosures. Business Associate agrees to document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Within fifteen (15) days of receipt or a request from Covered Entity, Business Associate shall make available to Covered Entity the information required to provide an accounting of such disclosures. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request (except for disclosures occurring prior to the Effective Date). At a minimum, such accounting information shall include the information described in 45 CFR 164.528(b), including, without limitation: (i) the date of disclosure of PHI; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the Individual of the basis for the disclosure, or a copy of the written request for disclosure. If a request for an accounting is delivered directly to Business Associate, Business Associate shall as soon as possible, but no later than fifteen (15) days after receipt of the request, forward the request to Covered Entity.

(h) Governmental Access to Records. Business Associate shall make its internal practices, books and records relating to the use and disclosure of PHI, available to the Secretary in a time and manner designated by Covered Entity or the Secretary, for purpose of the Secretary determining Covered Entity's compliance with the Privacy Regulations.

(i) Minimum Necessary Use and Disclosure Requirement. Business Associate shall only request, use and disclose the minimum amount of PHI necessary to reasonably accomplish the purpose of the request, use or disclosure in accordance with 45 CFR 164.502(b). Further, Business Associate will restrict access to PHI to those employees of Business Associate or other workforce members under the control of Business Associate who are actively and directly participating in providing goods and/or services under the Agreement of the parties and who need to know such information in order to fulfill such responsibilities.

(j) Notification of Breach. During the term of this BA Agreement, Business Associate shall notify Covered Entity within five (5) business days of the discovery of any actual use and/or disclosure of PHI in violation of the Privacy Regulations or this BA Agreement. Business Associate shall take corrective action to mitigate, to the extent practical, any harmful effect that is known to Business Associate of an improper use and/or disclosure of PHI. In accordance with 45 C.F.R. §164.402, any acquisition, access, use or disclosure of PHI in a manner not permitted under the Privacy Rule is presumed to be a Breach.

Section 3. Obligations of Covered Entity.

(a) Notice of Privacy Practices. Covered Entity shall provide Business Associate with the Notice of Privacy Practices that Covered Entity produces in accordance with 45 C.F.R. § 164.520, as well as any changes to such Notice.

(b) Changes or Revocation of Permission. Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by a n Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.

(c) Use and Disclosure Restrictions. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522.

(d) Permitted Uses. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA if done by Covered Entity; provided, however, that the Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate as set forth in the Agreement, if applicable.

Section 4. Security of Electronic Protected Health Information (ePHI).

(a) Security. Business Associate will develop, implement, maintain and use appropriate administrative, technical and physical safeguards in compliance with Social Security Act § 1173(d) (42 U.S.C. § 1320d-2(d)), 45 C.F.R. Part 164, Subpart C, 45 C.F.R. § 164.530(c), and any other applicable implementing regulations issued by the U.S. Department of Health and Human Services to preserve the availability, integrity, and confidentiality of and to prevent non-permitted use or disclosure of Electronic Protected Health Information created or received for or from Covered Entity. Business Associate will document and keep these safeguards current.

(b) Agents and Subcontractors. Business Associate will require that any agent, including a subcontractor, to whom it provides ePHI agrees to implement security safeguards described in subsection (a) of this Section 4, and that such subcontractors are bound by the terms and conditions of subsection (d) of this Section 4.

(c) Security Incidents. Business Associate will within five (5) business days report any "security incident" of which it becomes aware to Covered Entity. The parties acknowledge and agree that this subsection constitutes notice by Business Associate to Covered Entity of the ongoing occurrence of events that may constitute security incidents but that are trivial, routine, do not constitute a material threat to the security of PHI, and do not result in unauthorized access to or use or disclosure of PHI (such as typical pings and port scans), for which no additional notice to Covered Entity shall be required.

(d) Breaches of Unsecured PHI. If Business Associate accesses, maintains, retains, modifies, records, stores, destroys or otherwise holds, uses or discloses Unsecured PHI, Business Associate shall, within five (5) business days following the discovery of a breach of such information, notify Covered Entity of such breach. Such notice shall include, to the extent known: (i) the identification of each individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired or disclosed during such breach; (ii) a brief description of the event (including the date of the breach and the date of the discovery of the breach, if known); (iii) a description of the types of information involved in the breach; (iv) a brief description of the steps that Business Associate is taking to investigate the breach, to mitigate losses, and to protect against further breaches; and (v) the steps Business Associate thinks individuals should take to protect themselves from potential harm resulting from the breach.

Section 5. Term and Termination.

(a) Term. This BA Agreement shall commence on the Effective Date and will remain effective for the entire term of the Agreement between the parties, unless earlier terminated in accordance with the terms hereof.

(b) Termination of Agreement. This BA Agreement will immediately terminate without notice upon termination of the Agreement for any reason.

(c) For Cause Termination Due to Material Breach. In the event of a material breach by either Party of any of its obligations hereunder, the non-breaching Party shall have the right to terminate this BA Agreement, at any time by providing the non-breaching Party written notice of termination setting forth a description of the breach and the effective date of termination.

(d) Effect of Termination. As of the effective date of termination of this BA Agreement, neither Party shall have any further rights or obligations hereunder except: (a) as otherwise provided herein or in the Agreement between the parties; (b) for continuing rights and obligations accruing under the Privacy Regulations; or (c) arising as a result of any breach of this BA Agreement, including, but not limited to, any rights and remedies available at law or equity. Upon termination of this BA Agreement for any reason, Business Associate shall return or destroy all PHI (regardless of form or medium), including all copies thereof and any data compilations derived from PHI and allowing identification of any Individual who is the subject of PHI. If the return or destruction of PHI is not feasible, Business Associate shall notify Covered Entity in writing. Thereafter, Business Associate shall continue to extend the protections of this BA Agreement to such information, and limit further uses or disclosures of such PHI to those purposes that make the return or destruction of such PHI not feasible, for as long as Business Associate maintains such PHI. If Business Associate elects to destroy the PHI, Business Associate shall notify Covered Entity in writing that such PHI has been destroyed. This subsection shall survive termination of this BA Agreement.

Section 6. Assignment. This BA Agreement and the rights and obligations hereunder shall not be assigned, delegated, or otherwise transferred by Business Associate without the prior written consent of Covered Entity and any assignment or transfer without proper consent shall be null and void.

Section 7. Governing Law and Venue. This BA Agreement shall be governed by, and interpreted in accordance with, the Privacy Regulations and the laws of the Commonwealth of Pennsylvania.

Section 8. Amendment or Modification. This BA Agreement may only be amended or modified by mutual written agreement of the parties; provided, however, that in the event provisions of this BA Agreement shall conflict with the requirements of the Privacy Regulations, this BA Agreement shall automatically be deemed amended as necessary to comply with such legal requirements.

Section 9. Waiver. The failure of either Party at any time to enforce any right or remedy available hereunder with respect to any breach or failure shall not be construed to be a waiver of such right or remedy with respect to any other breach or failure by the other Party.

Section 10. Severability. In the event that any provision or part of this BA Agreement is found to be totally or partially invalid, illegal, or unenforceable, then the provision will be deemed to be modified or restricted to the extent and in the manner necessary to make it valid, legal, or enforceable, or it will be excised without affecting any other provision of this BA Agreement, with the parties agreeing that the remaining provisions are to be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

Section 11. Entire Agreement. This BA Agreement constitutes the entire agreement between the parties with respect to the subject matter herein and supersedes all previous and contemporaneous oral and written negotiations, commitments, and understandings relating thereto.

Council of the City of York, Pennsylvania

Henry Hay Nixon, President of Council
Sandie Walker, Vice President of Council
Judy A. Ritter-Dickson, Member of Council
Edquina Washington, Member of Council
H. Michael Buckingham, Member of Council

Dianna L. Thompson-Mitchell, City Clerk
Email: dthomps@yorkcity.org



Office of York City Council
101 S. George St.
York, Pennsylvania 17401

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Website: www.yorkcity.org

MINUTES September 17, 2019 6:00 p.m.

[Resolutions Approved](#) | [Bills Approved](#)

CALL TO ORDER: President Nixon called the September 17, 2019 meeting to order at 6:00 p.m. in Council Chambers, 101 S. George St., York, PA, with the following members present: H. Michael Buckingham, Edquina Washington, Judy A. Ritter-Dickson, Sandie Walker, Vice President, and Henry Hay Nixon, President, with President Nixon presiding.

Members of the Administration in attendance included: Michael Helfrich, Mayor; Tom Ray, Acting Director of Business Administration; Barb Kovacs, Director of Health; Mike Pritchard, City Planner; Blanda Nace, Redevelopment Authority; Cpt. Matthew Leitzel, Police Department; and Jason Sabol, Assistant Solicitor.

Members of York City Council staff in attendance included: Dianna L. Thompson-Mitchell, City Clerk.

I. Called Public Hearing Called to Order: 6:00 p.m.

President Nixon called to order the September 17, 2019 Public Hearing and explained the hearing was being held to receive testimony on Bill No. 22, a Bill amending Article 1304 of the York City Planning & Zoning Code to include regulations for personal solar panel systems. Said Bill was introduced at Council's August 20th meeting and will be considered for final passage this evening.

A transcript of the hearing will be kept on file at York Stenographic Services, 34 N. George St., York, PA 17401, for a period of five (5) years.

President Nixon adjourned the public hearing at 6:07 p.m.

II. General Public Comment Called to Order: 6:07 p.m.

Franklin Williams, resident, thanked members of the Public Works Department for adding three waste receptacles on his block. He apologized for the appearance of the middle of the 500 block of W. Market St. He said he hasn't been able to pick up trash because he was helping a neighbor get her yard in order since she was cited by the city for tall grass and weeds. He said this neighbor moved into her house in 1951 (68 yrs.) and he doubts the police have ever been called to the home in those 68 years. He said he's sure this neighbor pays her taxes and keeps to herself, so he doubts neighbors care if her yard looks like a wilderness area.

Brandon Marquette, resident and business owner, said he and members of the community are going to try to bring back safety to our city streets. He said Council will be seeing a lot more of him and those involved in this movement and they would like the support of city officials.

Donna Majesky, resident, thanked all who attended the 10,000 Acts of Kindness event held last Sunday.

There being no further comment, President Nixon adjourned the public comment period at 6:15 p.m.

- III. Called Legislative Meeting to Order: 6:15 p.m.
- IV. Roll Call
- V. Pledge of Allegiance recited.
- VI. Moment of Silence observed.
- VII. Action on previous meeting Minutes of September 3, 2019: Council dispensed with the reading of the Minutes and unanimously approved them as written.
- VIII. Presentations, Proclamations, Awards and Announcements
 - **Meeting cancellations:** Reminder - Council has **CANCELED** its September 25, 2019 committee meeting and its October 1, 2019 legislative meeting as the City Clerk will be on a brief leave of absence. If pressing matters arise, Council will schedule meetings accordingly to address those matters.
 - **York Water Company Agreement ([Resolution No. 74](#)):** Remains tabled at this time.
- IX. Meeting(s) Scheduled:
 - **Next Council Legislative Meeting:** Scheduled for **Tuesday, October 15, 2019 at 6:00 p.m.** Agenda items are due by 12 noon on October 9th.
- X. Status of Prior Committee Referrals: No reports.
- XI. Legislative Agenda: (Order of Business – Action on Subdivision/Land Development & HARB Resolutions; Final Passage of Bills/Resolutions; New Business.)

Subdivision / Land Development / HARB

1. Resolution No. **79** - A Resolution
 Accepting the recommendations of HARB in denying an application. (215 S. George St.) ([View](#))
 Introduced by: Sandie Walker
 Originator: HARB

 Resolution No. 79, Session 2019, A Resolution accepting the recommendations of HARB in **denying** a certificate of appropriateness filed for work to be done at 215 S. George St., was introduced by Walker, read at length, and on motion of Walker, seconded by Ritter-Dickson, Resolution No. 79 denying said certificate PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.
2. Resolution No. **80** - A Resolution
 Accepting the recommendations of HARB. ([View](#))
 Introduced by: Sandie Walker
 Originator: HARB

 Resolution No. 80, Session 2019, A Resolution accepting the recommendations of HARB in issuing certificates of appropriateness for work to be covered in the applications filed for work to be done at 350 N. George St., 28 E. Jackson St., and 426 W. Philadelphia St., was introduced by Walker, read at length, and on motion of Walker, seconded by Ritter-Dickson, Resolution No. 80 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

3. Resolution No. **81** - A Resolution Approving waivers to the final subdivision/land development plans submitted by United Fiber and Data. (Development of a data center at 319 Chestnut St. – Old York County Prison) ([View](#))
Introduced by: Judy A. Ritter-Dickson
Originator: Economic & Community Development (PP&Z)

Resolution No. 81, Session 2019, A Resolution approving various waivers for the final subdivision and land development plans submitted by United Fiber and Data for the development of a data center at 319 Chestnut St. including the former York County Prison, was introduced by Ritter-Dickson, read at length, and on motion of Ritter-Dickson, seconded by Walker, Resolution No. 81 came up for discussion.

City Planning Mike Pritchard explained that the intent of this Resolution is to pre-approve various waivers as requested by the city engineer to assist with a cost estimate for the financial security the city receives when land development plans are submitted. He said final approval of the actual subdivision and land development plans will come at a later date.

There being no further discussion, Resolution No. 81 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

Final Passage of Bills / Resolutions

4. Final Passage of **Bill No. 22, Ordinance No. 21** – A Bill Amending Article 1304 of the Codified Ordinances. (To include provisions for solar panels) ([View](#))
Introduced by: Judy A. Ritter-Dickson
Originator: Economic & Community Development (PP&Z)

Final Passage of Bill No. 22, Ordinance No. 21, Session 2019, A Bill amending Article 1304 ““Use Definitions, General Provisions, Accessory Uses, Conditional Uses and Special Exception Use Requirements” of the City of York Codified Ordinances to include regulations for personal solar panel systems, which was introduced by Ritter-Dickson at the August 20, 2019 meeting of Council and read by short title, came up for final passage. On motion of Ritter-Dickson, seconded by Washington, Bill No. 22, Ordinance No. 21, PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

5. Final Passage of **Bill No. 23, Ordinance No. 22** – A Bill Amending the 2019 Budget. (Expenditure of \$244 in remaining funds from a JAG award) ([View](#))
Introduced by: Edquina Washington
Originator: Police

Final Passage of Bill No. 23, Ordinance No. 22, Session 2019, A Bill amending the 2019 Budget for the Police Dept. to authorizing expenditure of \$244 in remaining funds from a Justice Assistant Grant award, which was introduced by Washington at the September 3, 2019 meeting of Council and read by short title, came up for final passage. On motion of Washington, seconded by Walker, Bill No. 23, Ordinance No. 22, PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

New Business

6. Resolution No. **82** - A Resolution Supporting the development and implementation of a plan to transition to 100% clean and sustainable energy. ([View](#))
Introduced by: Edquina Washington
Originator: Council (Washington)

Motion to read by short title. A motion was made by Washington and seconded by Walker to read Resolution No. 82 by short title only. The motion passed unanimously.

Resolution No. 82, Session 2019, A Resolution supporting the development and implementation of a plan to transition to 100% clean and sustainable energy, was introduced by Washington, read by short title, and on motion of Washington, seconded by Walker, Resolution No. 82 came up for discussion.

A member of the CASA Youth Committee said there is only one earth with no Plan B, so we need to preserve it for future generations. She encouraged residents to take care of the environment because it's the only earth we have, and we won't get a second chance.

President Nixon thanked the CASA Youth Committee for their kind and thoughtful work.

There being no further discussion, Resolution No. 82 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

7. Resolution No. **83** - A Resolution Authorizing the Redevelopment Authority to administer an RACP grant for the York Plan 2.0 Innovation District Project located in the NWT - \$6M) ([View](#))
Introduced by: Judy A. Ritter-Dickson
Originator: Economic Development

Resolution No. 83, Session 2019, A Resolution authorizing the Redevelopment Authority to administer a Redevelopment Assistance Capital Program (RACP) grant in the amount of \$6 million for the York Plan 2.0 Innovation District Project located in the NWT, was introduced by Ritter-Dickson, read at length, and on motion of Ritter-Dickson, seconded by Washington, Resolution No. 83 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

8. Resolution No. **84** - A Resolution Approving the appointment of a probationary police officer. (T. Platts, Jr.) ([View](#))
Introduced by: Edquina Washington
Originator: Police

Resolution No. 84, Session 2019, A Resolution approving the appointment of Todd Platts, Jr. as a probationary police officer, was introduced by Washington, read at length, and on motion of Washington, seconded by Ritter-Dickson, Resolution No. 84 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

9. Resolution No. **85** - A Resolution Authorizing an agreement with Willis of Pennsylvania, Inc (Willis Towers Watson). (For worker's comp insurance broker services) ([View](#))
Introduced by: H. Michael Buckingham
Originator: Business Administration

Resolution No. 85, Session 2019, A Resolution authorizing an agreement with Willis of Pennsylvania, Inc (Willis Towers Watson) for worker's comp insurance broker services, was introduced by Buckingham, read at length, and on motion of Buckingham, seconded by Walker, Resolution No. 85 came up for discussion.

Assistant Solicitor Sabol explained that this Resolution amends the original contract to change the term from one year to three years as language for a one-year term was a clerical error.

There being no further discussion, Resolution No. 85 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

10. Resolution No. 86 - A Resolution Authorizing agreements for various optional employee benefits packages. ([View](#))
Introduced by: H. Michael Buckingham
Originator: Business Administration

Resolution No. 86, Session 2019, A Resolution authorizing agreements with OSS Company Direct, Rx ‘n Go, and CRX International for optional orthopedic and prescription programs for city employees, was introduced by Buckingham, read at length, and on motion of Buckingham, seconded by Ritter-Dickson, Resolution No. 86 came up for discussion.

Acting Business Administrator Tom Ray explained each program package.

There being no further discussion, Resolution No. 86 PASSED by the following vote: Yeas – Washington, Ritter-Dickson, Buckingham, Walker, Nixon – 5; Nays – 0.

- XII. Requests for Future Meetings: None

- XIII. Council Comment

Vice President Walker thanked CASA for coming out this evening for the sustainable energy initiative (Res. 82). She said she was invited to a meet and greet but the invitation was sent via Facebook, so she didn’t see it until after the event. She said please don’t send invites through Facebook, instead contact Council by email or through the City Clerk to be sure the invitation is received.

President Nixon concurred. He said he also receives Facebook messages and invitations but said he doesn’t interact through social media and prefers phone or email. He reminded residents that Council’s contact information is on the city’s website at <https://www.yorkcity.org/government/city-council/>.

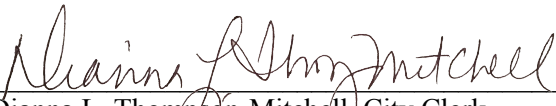
- XIV. Administration Comment

Mayor Helfrich notified residents that a free Naloxone (Narcan) supply giveaway will take place tomorrow. Also, a flu vaccine clinic will be held this Saturday in Council Chambers instead of York High (UPDATE: The flu clinic was canceled). He then announced several events taking place throughout the city this week. For more information, please visit www.yorkcity.org.

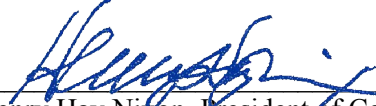
- XV. Adjournment

The next legislative meeting of City Council is scheduled for Tuesday, October 15, 2019 at 6:00 p.m. in City Council Chambers. There being no further business, the September 17, 2019 meeting of Council adjourned at 6:43 p.m.

- XVI. Resumption of Public Comment Period (at the discretion of the presiding officer): None



Dianna L. Thompson-Mitchell, City Clerk



Henry Hay Nixon, President of Council

Council of the City of York, PA
Session 2019
Resolution No.

Click [here](#) to view agreements

INTRODUCED BY: **H. Michael Buckingham**

DATE: **September 17, 2019**

WHEREAS, the City of York wishes to add three new voluntary programs designed to offer enhancements to its standard benefit package beginning January 1, 2020; and

WHEREAS, the proposed voluntary programs are as follows:

OSS Company Direct

OSS Health has been recognized as a premier quality provider in the Central PA region for Orthopedic Care. In an effort to partner with self-funded employers, they have developed a direct to employer program, enabling members to benefit from expedited, concierge-level care. Members work directly with a Patient Care Navigator who is there to assist them through their entire orthopedic care journey at OSS Health.

Rx 'n Go

Rx 'n Go is a US-based mail-order pharmacy program that allows members to order their maintenance generic medications and insulins at a \$0 out of pocket cost. Members receive their medications mailed directly to their home offering both convenience and value as a benefit.

CRX International

CRX International administers a cost-saving mail order drug program for brand name prescriptions. By joining the voluntary CRX program, members can access available brand name maintenance medications shipped directly to their homes for \$0 out of pocket costs. The CRX programs provides enhanced safety oversight to ensure patients are receiving medications timely; and

WHEREAS, the programs are described in full in the attached documents;

NOW, THEREFORE, BE IT RESOLVED, by the Council of the City of York, that the Mayor is authorized, and the Controller is authorized and directed to execute the documents necessary to implement the three voluntary programs described above and in the attached documentation.

PASSED FINALLY:

BY THE FOLLOWING VOTE:

YEAS: _____, _____, _____, _____, _____

NAYS: _____.

Henry Hay Nixon, President of Council

ATTEST:

Dianna L. Thompson-Mitchell, City Clerk

Click [here](#) to view supporting information

Council of the City of York,
PA Session 2023
Resolution No. 110

Introduced by: Betsy Buckingham

Date: November 8, 2023

BE IT RESOLVED, by the Council of the City of York, PA that Council hereby approves the following contracts for health insurance services:

1. Renewal Contract for services as proposed by Capital Blue Cross for Administrative Services Only (ASO) fees and Stop Loss and Pharmacy Benefit Management reporting data file fees for the years 2023 - 2025.
2. Amended Contract for services as proposed by True Rx for Pharmacy Benefit Management for the years 2023 - 2025.
3. Contract for services as proposed by EPLS LLC for Prescription Consulting the year 2024.

BE IT FURTHER, that the Mayor is authorized and the City Controller is authorized and directed to execute the documents necessary to implement said contracts for services on behalf of the City of York, PA.

PASSED FINALLY: November 8, 2023

BY THE FOLLOWING VOTE:

YEAS: Buckingham, Washington, Walker – 3, _____, _____

NAYS: None, _____, _____, _____, _____

ATTEST:



 Sandie Walker, President of Council



 Dianna L. Thompson, City Clerk

Council of the City of York, PA
Session 2022
Resolution No. 130

Click [here](#) to view contracts.

Introduced by: Betsy Buckingham

Date: December 6, 2022

BE IT RESOLVED, by the Council of the City of York, PA that Council hereby approves the following contracts for health insurance services:

1. Contract for services as proposed by Capital Blue Cross for Administrative Services Only (ASO) fees and Stop Loss and Pharmacy Benefit Management reporting data file fees for the years 2023 - 2025.
2. Contract for services as proposed by True Rx for Pharmacy Benefit Management for the years 2023 - 2025.
3. Contract for services as proposed by EPLS LLC for Prescription Consulting the year 2023.
4. Contract for services as proposed by Pareto Underwriting Partners for Stop Loss Insurance the year 2023.
5. Contract for services as proposed by Vision Benefits of America, Inc. for Vision Insurance the years 2023-2024.

BE IT FURTHER, that the Mayor is authorized, and the City Controller is authorized and directed to execute the documents necessary to implement said contracts for services on behalf of the City of York, PA.


PASSED FINALLY: December 6, 2022

BY THE FOLLOWING VOTE:

YEAS: Dennis, Buckingham, Rivera, Washington, Walker – 5

NAYS: None.

ATTEST:


Dianna L. Thompson, City Clerk


Sandie Walker, President of Council

Council of the City of York,
PA Session 2023
Resolution No.

Click [here](#) to view
supporting information

Introduced by: Betsy Buckingham

Date: November 8, 2023

BE IT RESOLVED, by the Council of the City of York, PA that Council hereby approves the following contracts for health insurance services:

1. Renewal Contract for services as proposed by Capital Blue Cross for Administrative Services Only (ASO) fees and Stop Loss and Pharmacy Benefit Management reporting data file fees for the years 2023 - 2025.
2. Amended Contract for services as proposed by True Rx for Pharmacy Benefit Management for the years 2023 - 2025.
3. Contract for services as proposed by EPLS LLC for Prescription Consulting the year 2024.

BE IT FURTHER, that the Mayor is authorized and the City Controller is authorized and directed to execute the documents necessary to implement said contracts for services on behalf of the City of York, PA.

PASSED FINALLY:

BY THE FOLLOWING VOTE:

YEAS: _____

NAYS: _____.

Sandie Walker, President of Council

ATTEST:

Dianna L. Thompson, City Clerk

About us:

CityofYorkCRX is an international mail order option for eligible Employees, Retirees and their Dependents of the City of York. Your list of qualified maintenance medications is on the reverse.

Copayments:

All member copayments have been waived for this prescription drug program **only**.

✓ **FREE Brand Name Medications - ZERO Cost!**

✓ **No Shipping and Handling Charges to You!**

Getting Started:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification*.

**Similar to a number of states in the US, some CRX pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CRXDocs.com. If not included, a CRX representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be tried for 30 days before ordering through **CityofYorkCRX**.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



BY FAXING TO: 1-866-215-7874 (TOLL FREE)

*Faxed prescriptions are **ONLY** accepted if sent directly from the physician's office.*

OR



BY MAILING TO: *CityofYorkCRX*

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR

P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

More forms are available:

Additional forms may be obtained by printing them from the website at www.CityofYorkCRX.com or by contacting our Customer Service Representatives toll free at **1-866-488-7874**.

WELCOME TO CityofyorkCRX

<p>ABILIFY (G) 2MG ABILIFY (G) 5MG ABILIFY (G) 10MG ABILIFY (G) 15MG ABILIFY (G) 20MG ABILIFY (G) 30MG ACIPHEX 20MG ACTONEL 5MG ACTONEL 30MG ACTONEL 35MG ACTONEL 150MG ACTOPLUS 15MG-850MG ACZONE 5% ADCIRCA 20MG ADVAIR DISKUS 100MCG ADVAIR DISKUS 250MCG ADVAIR DISKUS 500MCG ADVAIR HFA 45/21MCG ADVAIR HFA 115/21MCG ADVAIR HFA 230/21MCG AGGRENOX 200/25MG ALOCRI 2% ALOMIDE 0.1% ALPHAGAN-P 0.15% ALREX 0.2% ALVESCO 80MCG 100MCG ALVESCO 160MCG 200MCG ANAPROX DS 550MG ANORO ELLIPTA 62.5/25MCG APTIOM 200MG APTIOM 400MG APTIOM 600MG APTIOM 800MG ARCAPTA NEOHALER 75MCG ARNUITY ELLIPTA 100MCG ARNUITY ELLIPTA 200MCG AROMASIN 25MG ARTHROTEC 50MG ARTHROTEC 75MG ASACOL HD 800MG ASMANEX TWISTHALER 110MCG ASMANEX TWISTHALER 220MCG ASTAGRAF XL 1MG ASTAGRAF XL 5MG ATACAND 4MG ATACAND 8MG ATACAND 16MG ATACAND 32MG ATACAND HCT 16MG/12.5MG ATACAND HCT 32MG/12.5MG ATELVIA DR 35MG ATROVENT HFA 20UG AUBAGIO 14MG AVANDIA 2MG AVANDIA 4MG AVODART (G) 0.5MG AZELEX 20% AZILECT 0.5MG AZILECT 1MG AZOPT 1% AZOR 20/5MG AZOR 40/5MG AZOR 40/10MG BANZEL 200MG BANZEL 400MG BECONASE AQ 42MCG BENICAR (G) 20MG BENICAR (G) 40MG BENICAR HCT (G) 20MG/12.5MG BENICAR HCT (G) 40MG/12.5MG BENICAR HCT (G) 40MG/25MG BENZACLIN PUMP BETIMOL 0.25% BETIMOL 0.5% BETOPTIC S 0.25% BINOSTO 70MG BONIVA (G) 150MG BREO ELLIPTA 100/25MCG BREO ELLIPTA 200/25MCG BRILINTA 60MG BRILINTA 90MG BYSTOLIC 2.5MG BYSTOLIC 5MG BYSTOLIC 10MG BYSTOLIC 20MG CADUET 5/10MG CADUET 5/20MG CADUET 5/40MG CADUET 5/80MG CADUET 10/10MG CADUET 10/20MG CADUET 10/40MG CADUET 10/80MG CAMBIA 50MG CARDURA XL 4MG CARDURA XL 8MG</p>	<p>CELEBREX 100MG CELEBREX 200MG CLARINEX 5MG CLIMARA PATCH 25MCG CLIMARA PATCH 50MCG CLIMARA PATCH 75MCG CLIMARA PATCH 100MCG COMBIGAN 0.2-0.5% COMBIVENT RESPIMAT 20MCG/100MCG COMTAN 200MG CRESTOR (G) 5MG CRESTOR (G) 10MG CRESTOR (G) 20MG CRESTOR (G) 40MG CRINONE GEL 8% CYMBALTA (G) 20MG CYMBALTA (G) 30MG CYMBALTA (G) 60MG DALIRESP 500MCG DETROL 1MG DETROL 2MG DETROL LA 2MG DETROL LA 4MG DEXILANT DR 30MG DEXILANT DR 60MG DIFFERIN CREAM 0.1% DIFFERIN GEL 0.1% DIFFERIN GEL 0.3% DIPENTUM 250MG DIPROLENE OINT 0.05% DIVIGEL 0.25MG DIVIGEL 0.5MG DIVIGEL 1MG DUAVEE 0.45-20MG DULERA 100 MCG/5MCG DULERA 200MCG/5MCG DYMISTA 137/50MCG EDARBI 40MG EDARBI 80MG EDARBYCLOR 40MG/12.5MG EDARBYCLOR 40MG/25MG EDECRIN 25MG EFFIENT (G) 5MG EFFIENT (G) 10MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENABLEX 7.5MG ENABLEX 15MG ENTOCORT 3MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR/HBV 100MG ESTROGEL 0.06% EUCRISA 2% EVISTA 60MG EXELON 3MG EXELON 6MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG 50MCG FLOVENT 110MCG 125MCG FLOVENT 220MCG 250MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA 150-150-200-10MG GILENYA 0.5MG</p>	<p>GLUCAGEN HYPOKIT 1MG GLUMETZA ER 1000MG GLYXAMBI 10MG/5MG GLYXAMBI 25MG/5MG IMITREX AUTOINJECTOR STATDOSE 6MG/0.5ML IMITREX NASAL SPRAY 5MG-2DOSE IMITREX NASAL SPRAY 20MG-2DOSE IMURAN (G) 50MG INCRUSE ELLIPTA 62.5MCG INDERAL LA 60MG INDERAL LA 80MG INDERAL LA 120MG INDERAL LA 160MG INVEGA 3MG INVEGA 6MG INVEGA 9MG INVOKAMET 50MG-500MG INVOKAMET 50MG-1000MG INVOKAMET 150MG-500MG INVOKAMET 150MG-1000MG INVOKANA 40MG INVOKANA 300MG IRESSA 250MG ISOPTO CARPINE 1% ISOPTO CARPINE 2% ISOPTO CARPINE 4% JALYN 0.5MG/0.4MG JANUMET 50/500MG JANUMET 50/1000MG JANUMET XR 50MG/500MG JANUMET XR 50MG/1000MG JANUMET XR 100MG/1000MG JANUVIA 25MG JANUVIA 50MG JANUVIA 100MG JARDIANCE 10MG JARDIANCE 25MG JENTADUETO 2.5MG-500MG JENTADUETO 2.5MG-850MG JENTADUETO 2.5MG-1000MG EFFIENT (G) 5MG EFFIENT (G) 10MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENABLEX 7.5MG ENABLEX 15MG ENTOCORT 3MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR/HBV 100MG ESTROGEL 0.06% EUCRISA 2% EVISTA 60MG EXELON 3MG EXELON 6MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG 50MCG FLOVENT 110MCG 125MCG FLOVENT 220MCG 250MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA 150-150-200-10MG GILENYA 0.5MG</p>	<p>NASONEX 50MCG NESINA 6.25MG NESINA 12.5MG NESINA 25MG NEUPRO 1MG NEUPRO 2MG NEUPRO 3MG NEUPRO 4MG NEUPRO 6MG NEUPRO 8MG NEXIUM 20MG NEXIUM 40MG NEXIUM DR 10MG NORITATE CREAM 1% OMMARIS 50MCG ONGLYZA 2.5MG ONGLYZA 5MG ORILISSA 150MG ORILISSA 200MG OTEZLA 30MG PATADAY 0.2% PATANOL 0.1% PAZEO 0.7% PENTASA 500MG PRADAXA 75MG PRADAXA 150MG PRED FORTE 1% PREMARIN 0.3MG PREMARIN 0.625MG PREMARIN 1.25MG PREMARIN CREAM 0.625MG/GM PREMPRO 0.3MG/1.5MG PREVACID SOLUTAB 15MG PREVACID SOLUTAB 30MG PREZISTA 600MG PREZISTA 800MG PRISTIQ 50MG PRISTIQ 100MG PROMETRIUM 100MG PROTOPIC OINT 0.03% PROTOPIC OINT 0.1% QTERN 10-5MG QVAR REDIHALER 40MCG QVAR REDIHALER 80MCG RANEXA 500MG RAPAFLO 4MG RAPAFLO 8MG RAPAMUNE 0.5MG RAPAMUNE 1MG RAPAMUNE 2MG RELPAX 20MG RELPAX 40MG RENAGEL 800MG RENVELA 800MG RESTASIS MULTIDOSE 0.05% RESTASIS VIALS 0.05% RETIN A CREAM 0.05% RETIN A MICRO GEL PUMP 0.04% RETIN-A MICRO GEL PUMP 0.1% REXULTI 0.25MG REXULTI 0.5MG REXULTI 1MG REXULTI 2MG REXULTI 3MG REXULTI 4MG SAPHRIS 5MG SAPHRIS 10MG SEASONIQUE 0.15/0.03/0.01MG SENSIPAR 30MG SENSIPAR 60MG SEREVENT DISKUS 50MCG SEROQUEL XR 50MG SEROQUEL XR 150MG SEROQUEL XR 200MG SEROQUEL XR 300MG SEROQUEL XR 400MG SIMBRINZA 1%/0.2% SOOLANTRA 1% SPIRIVA 18MCG SPIRIVA RESPIMAT 2.5MCG STARLIX 60MG STARLIX 120MG STIOLTO RESPIMAT 2.5/2.5MCG STRATTERA 10MG STRATTERA 18MG STRATTERA 25MG STRATTERA 40MG STRATTERA 60MG STRATTERA 80MG STRATTERA 100MG STRIBILD SUSTIVA 50MG SYNAREL NASAL SYNJARDY 5MG/500MG SYNJARDY 5MG/1000MG SYNJARDY 12.5MG/500MG</p>	<p>SYNJARDY 12.5MG/1000MG TARKA 2/180MG TARKA 4/240MG TASMAR 100MG TAZORAC CREAM 0.05% TAZORAC CREAM 0.1% TAZORAC GEL 0.05% TAZORAC GEL 0.1% TECFIDERA 120MG TECFIDERA 240MG TEKTURNA 150MG TEKTURNA 300MG TEKTURNA HCT 150-25MG TEKTURNA HCT 300-12.5MG TEKTURNA HCT 300-25MG TIVICAY 50MG TOBREX OINT 0.3% TOVIAZ 4MG TOVIAZ 8MG TRADJENTA 5MG TRAVATAN Z 0.004% TRELEGY ELLIPTA 100-62.5-25MCG TRIBENZOR 20/5/12.5MG TRIBENZOR 40/5/12.5MG TRIBENZOR 40/5/25MG TRIBENZOR 40/10/12.5MG TRIBENZOR 40/10/25MG TRINTELLIX 5MG TRINTELLIX 10MG TRINTELLIX 20MG TRIMEPRO 0.3MG/1.5MG TUDORZA PRESSAIR 400MCG TWYNSTA 40/5MG TWYNSTA 40/10MG TWYNSTA 80/5MG TWYNSTA 80/10MG UCERIS 9MG ULORIC 80MG UROCIT-K 10MEQ URSO 250MG VAGIFEM 10MCG VECTICAL 3MCG/GM VENTOLIN HFA 90MCG VESICARE 5MG VESICARE 10MG VIBRYD 10MG VIBRYD 20MG VIBRYD 40MG VIMOVO 375/20MG VIMOVO 500/20MG VIREAD 300MG VIVELLE-DOT 25MCG VIVELLE-DOT 37.5MCG VIVELLE-DOT 50MCG VIVELLE-DOT 75MCG VIVELLE-DOT 100MCG VOLTAREN GEL VRAYLAR 1.5MG VRAYLAR 3MG VRAYLAR 4.5MG VRAYLAR 6MG VYTORIN 10/10MG VYTORIN 10/20MG VYTORIN 10/40MG VYTORIN 10/80MG WELCHOL 625MG WELCHOL PACKET 3.75G WELLBUTRIN XL (G) 150MG WELLBUTRIN XL (G) 300MG XADAGO 50MG XADAGO 100MG XARELTO 2.5MG XARELTO 10MG XARELTO 15MG XARELTO 20MG XELJANZ 5MG XELJANZ XR 11MG XELODA 500MG XENICAL 120MG XIGDUO XR 5/1000MG XIGDUO XR 10/500MG XIGDUO XR 10/1000MG XIIDRA 5% YASMIN 28 YAZ 3/0.02MG ZELAPAR 1.25MG ZETIA (G) 10MG ZOMIG (G) 2.5MG ZOMIG NASAL SPRAY 5MG ZOMIG ZMT 2.5MG ZOVIRAX CREAM 5% ZYCLARA PACKET 3.75</p>
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NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-488-7874 toll free to verify the availability of your medication through this program.

Member ID#: _____

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-215-7874
 Or MAIL TO: CityofYorkCRX, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-488-7874

PATIENT INFORMATION: Birthdate _____ MM/DD/YYYY

Phone (Home) _____ Phone (Work or Cell) _____

First Name (please print) _____ Initial _____ Last Name _____

Street Address _____ City/State _____ Zip Code _____

NOTE: Please request a **3-month** supply of medication with **3 refills**.
New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. (THIS IS NOT A PRESCRIPTION.)

Name of Medicine	Dosage	Time(s) to Take	Date Started	Reason for Taking
<i>Ex. Januvia</i>	<i>Ex. 50mg</i>	<i>Ex. Twice Daily</i>	<i>Ex. 8/20/2017</i>	<i>Ex. Diabetes</i>

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) Male Female

(i) Operations: e.g., Hysterectomy, Gall bladder, Heart operations, etc. _____

(ii) Hospitalizations: (stays in hospital during the past 5 years) _____

(iii) Present Illness: (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc. _____

(iv) Drug Allergies: NO YES If yes, please specify: _____

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: _____ Date: (MM/DD/YY) _____

AUTHORIZATION IF THE PATIENT IS THE MEMBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature: _____ Date: (MM/DD/YY) _____

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CanaRx Services Inc. at Windsor, Ontario, Canada, and CRX International Inc. at Christ Church, Barbados (collectively referred to as "CRX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs.

I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CRX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CRX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CRX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CRX or any CRX contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CRX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CRX, I will immediately contact my U.S. physician.
14. All information that I give to CRX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CRX and its delegates and contractors (collectively referred to as "CRX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CRX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CRX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CRX (and any CRX contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CRX from my U.S. physician's office the original signed copy of the prescription.
6. CRX and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CRX contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CRX may make payments on my behalf to CRX contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CRX contracted physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CRX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CRX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CRX contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CRX contracted pharmacy.
2. CRX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CRX contracted physician and have enlisted the services of CRX to facilitate it. I understand that the CRX contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CRX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CRX contracted pharmacy.
6. I acknowledge that CRX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CRX Privacy Policy in detail as provided below:

1. CRX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CRX and CRX contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CRX contracted physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CRX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CRX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CRX's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
3. I acknowledge that CRX will obtain health information about me, and is obligated in accordance with the CRX Privacy Policy to protect such information. I can visit www.CRXIntl.com at any time to view the most updated version of the CRX Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CRX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CRX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

About us:

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*Faxed prescriptions are **ONLY** accepted if sent directly from the physician's office.*

OR



BY MAILING TO: *CityofYorkCRX*

235 Eugenie St. West
Suite 105D
Windsor, ON, Canada
N8X 2X7

OR

P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

More forms are available:

Additional forms may be obtained by printing them from the website at www.CityofYorkCRX.com or by contacting our Customer Service Representatives toll free at **1-866-488-7874**.

WELCOME TO CityofyorkCRX

ABILIFY (G) 2MG	CRESTOR (G) 40MG	JENTADUETO 2.5MG-1000MG	STIOLTO RESPIMAT 2.5/2.5MCG
ABILIFY (G) 5MG	CYMBALTA (G) 20MG	JUBLIA 10%	STRATTERA 10MG
ABILIFY (G) 10MG	CYMBALTA (G) 30MG	KAZANO 12.5/1000MG	STRATTERA 18MG
ABILIFY (G) 15MG	CYMBALTA (G) 60MG	KEPPRA (G) 250MG	STRATTERA 25MG
ABILIFY (G) 20MG	DALIRESP 500MCG	KEPPRA (G) 500MG	STRATTERA 40MG
ABILIFY (G) 30MG	DEXILANT DR 30MG	KEPPRA (G) 750MG	STRATTERA 60MG
ACIPHEX 20MG	DEXILANT DR 60MG	KEPPRA (G) 1000MG	STRATTERA 80MG
ACTONEL 5MG	DIVIGEL 0.25MG	KOMBIGLYZE XR 2.5MG/1000MG	STRATTERA 100MG
ACTONEL 30MG	DIVIGEL 0.5MG	KOMBIGLYZE XR 5MG/500MG	STRIBILD
ACTONEL 35MG	DIVIGEL 1MG	KOMBIGLYZE XR 5MG/1000MG	SUSTIVA 50MG
ACTONEL 150MG	DUAVEE 0.45-20MG	LATUDA 20MG	SYNJARDY 5MG/500MG
ACTOPLUS 15MG-850MG	DULERA 100 MCG/5MCG	LATUDA 40MG	SYNJARDY 5MG/1000MG
ADVAIR DISKUS 100MCG	DULERA 200MCG/5MCG	LATUDA 60MG	SYNJARDY 12.5MG/500MG
ADVAIR DISKUS 250MCG	EDARBI 40MG	LATUDA 80MG	SYNJARDY 12.5MG/1000MG
ADVAIR DISKUS 500MCG	EDARBI 80MG	LATUDA 120MG	TARKA 2/180MG
ADVAIR HFA 45/21MCG	EDARBYCLOR 40MG/12.5MG	LESCOL XL 80MG	TARKA 4/240MG
ADVAIR HFA 115/21MCG	EDARBYCLOR 40MG/25MG	LEXIVA 700MG	TASMAR 100MG
ADVAIR HFA 230/21MCG	EDECIN 25MG	LUMIGAN 0.01%	TECFIDERA 120MG
AGGRENOX 200/25MG	EFFIENT (G) 5MG	MESNEX 400MG	TECFIDERA 240MG
ALOCRIL 2%	EFFIENT (G) 10MG	MESTINON TS 180MG	TEKTRUNA 150MG
ALOMIDE 0.1%	ELIQUIS 2.5MG	MICARDIS HCT 40/12.5MG	TEKTRUNA 300MG
ALPHAGAN-P 0.15%	ELIQUIS 5MG	MICARDIS HCT 80/12.5MG	TEKTRUNA HCT 150-25MG
ALREX 0.2%	ENTRESTO 24MG-26MG	MICARDIS HCT 80/25MG	TEKTRUNA HCT 300-12.5MG
ALVESCO 80MCG 100MCG	ENTRESTO 49MG-51MG	MIRAPEX ER 0.375MG	TEKTRUNA HCT 300-25MG
ALVESCO 160MCG 200MCG	ENTRESTO 97MG-103MG	MIRAPEX ER 0.75MG	TIVICAY 50MG
ANAPROX DS 550MG	ENTRESTO 97MG-103MG	MIRAPEX ER 1.5MG	TOBEX OINT 0.3%
ANORO ELLIPTA 62.5/25MCG	EPIVIR/HBV 100MG	MIRAPEX ER 2.25MG	TRADJENTA 5MG
APTIOM 200MG	EUCRISA 2%	MIRAPEX ER 3MG	TRAVATAN Z 0.004%
APTIOM 400MG	EVISTA 60MG	MIRAPEX ER 3.75MG	TRELEGY ELLIPTA
APTIOM 600MG	EXELON 3MG	MIRAPEX ER 4.5MG	100-62.5-25MCG
APTIOM 800MG	EXELON 6MG	MIRAPEX ER 4.5MG	TRIBENZOR 20/5/12.5MG
ARCAPTA NEOHALER 75MCG	EXELON 4.6MG/24HR	MIRVASO 0.33%	TRIBENZOR 40/5/12.5MG
ARNUITY ELLIPTA 100MCG	EXELON 9.5MG/24HR	MOTEGRITY 1MG	TRIBENZOR 40/5/25MG
ARNUITY ELLIPTA 200MCG	EXELON 13.3MG/24HR	MOTEGRITY 2MG	TRIBENZOR 40/10/12.5MG
AROMASIN 25MG	EXFORGE HCT 160/12.5/5MG	MULTAQ 400MG	TRIBENZOR 40/10/25MG
ASACOL HD 800MG	EXFORGE HCT 160/12.5/10MG	NAMENDA 10MG	TRINTELLIX 5MG
ASMANEX TWISTHALER 110MCG	EXFORGE HCT 160/25/10MG	NESINA 6.25MG	TRINTELLIX 10MG
ASMANEX TWISTHALER 220MCG	EXFORGE HCT 160/25/10MG	NESINA 12.5MG	TRINTELLIX 20MG
ASTAGRAF XL 1MG	EXFORGE HCT 320/25/10MG	NESINA 25MG	TRIUMEQ 600-50-300MG
ASTAGRAF XL 5MG	FARESTON 60MG	NEUPRO 1MG	TUDORZA PRESSAIR 400MCG
ATACAND 4MG	FARXIGA 5MG	NEUPRO 2MG	TWYNSTA 40/5MG
ATACAND 8MG	FARXIGA 10MG	NEUPRO 3MG	TWYNSTA 40/10MG
ATACAND 16MG	FETZIMA 20MG	NEUPRO 4MG	TWYNSTA 80/5MG
ATACAND 32MG	FETZIMA 40MG	NEUPRO 6MG	TWYNSTA 80/10MG
ATACAND HCT 16MG/12.5MG	FETZIMA 80MG	NEUPRO 8MG	ULORIC 80MG
ATACAND HCT 32MG/12.5MG	FETZIMA 120MG	NEXIUM 20MG	UROCIT-K 10MEQ
ATELVIA DR 35MG	FLOVENT 44MCG 50MCG	NEXIUM 40MG	URSO 250MG
ATROVENT HFA 20UG	FLOVENT 110MCG 125MCG	NEXIUM DR 10MG	VENTOLIN HFA 90MCG
AUBAGIO 14MG	FLOVENT 220MCG 250MCG	ONGLYZA 2.5MG	VIIBRYD 10MG
AVANDIA 2MG	FLOVENT DISKUS 100MCG	ONGLYZA 5MG	VIIBRYD 20MG
AVANDIA 4MG	FLOVENT DISKUS 250MCG	OTENZA 30MG	VIIBRYD 40MG
AVODART (G) 0.5MG	FOSRENOL CHEW 500MG	PRADAXA 75MG	VIREAD 300MG
AZOPT 1%	FOSRENOL CHEW 750MG	PRADAXA 150MG	VRAYLAR 1.5MG
AZOR 20/5MG	FOSRENOL CHEW 1000MG	PREVACID SOLUTAB 15MG	VRAYLAR 3MG
AZOR 40/5MG	FOSRENOL POWDER 750MG	PREVACID SOLUTAB 30MG	VRAYLAR 4.5MG
AZOR 40/10MG	FOSRENOL POWDER 1000MG	PREZISTA 600MG	VRAYLAR 6MG
BECONASE AQ 42MCG	GENVOYA 150-150-200-10MG	PREZISTA 800MG	VYTORIN 10/10MG
BENICAR (G) 40MG	GILENYA 0.5MG	PRISTIQ 50MG	VYTORIN 10/20MG
BENICAR (G) 40MG	GLUMETZA ER 1000MG	PRISTIQ 100MG	VYTORIN 10/40MG
BENICAR HCT (G) 20MG/12.5MG	GLYXAMBI 10MG/5MG	QTERN 10-5MG	VYTORIN 10/80MG
BENICAR HCT (G) 40MG/12.5MG	GLYXAMBI 25MG/5MG	QVAR REDHALER 40MCG	WELCHOL 625MG
BENICAR HCT (G) 40MG/25MG	IMURAN (G) 50MG	QVAR REDHALER 80MCG	WELCHOL PACKET 3.75G
BETIMOL 0.25%	INCRUSE ELLIPTA 62.5MCG	RANEXA 500MG	WELLBUTRIN XL (G) 150MG
BETIMOL 0.5%	INDERAL LA 60MG	RAPAMUNE 0.5MG	WELLBUTRIN XL (G) 300MG
BETOPTIC S 0.25%	INDERAL LA 80MG	RAPAMUNE 1MG	XADAGO 50MG
BINOSTO 70MG	INDERAL LA 120MG	RAPAMUNE 2MG	XADAGO 100MG
BONIVA (G) 150MG	INDERAL LA 160MG	RENAGEL 800MG	XADAGO 100MG
BREO ELLIPTA 100/25MCG	INVEGA 3MG	REVELA 800MG	XARELTO 2.5MG
BREO ELLIPTA 200/25MCG	INVEGA 6MG	RESTASIS MULTIDOSE 0.05%	XARELTO 10MG
BRILINTA 60MG	INVEGA 9MG	RESTASIS VIALS 0.05%	XARELTO 15MG
BRILINTA 90MG	INVOKAMET 50MG-500MG	REXULTI 0.25MG	XARELTO 20MG
BYSTOLIC 2.5MG	INVOKAMET 50MG-1000MG	REXULTI 0.5MG	XELJANZ 5MG
BYSTOLIC 5MG	INVOKAMET 150MG-500MG	REXULTI 1MG	XELJANZ XR 11MG
BYSTOLIC 10MG	INVOKAMET 150MG-1000MG	REXULTI 2MG	XENICAL 120MG
BYSTOLIC 20MG	INVOKANA 100MG	REXULTI 3MG	XIGDUO XR 5/1000MG
CADUET 5/10MG	INVOKANA 300MG	REXULTI 4MG	XIGDUO XR 10/500MG
CADUET 5/20MG	IRESSA 250MG	REXULTI 4MG	XIGDUO XR 10/1000MG
CADUET 5/40MG	ISOPTO CARPINE 1%	SAPHRIS 5MG	YASMIN 28
CADUET 5/80MG	ISOPTO CARPINE 2%	SAPHRIS 10MG	YAZ 3/0.02MG
CADUET 10/10MG	ISOPTO CARPINE 4%	SEASONIQUE 0.15/0.03/0.01MG	ZELAPAR 1.25MG
CADUET 10/20MG	JALYN 0.5MG/0.4MG	SENSIPAR 30MG	ZETIA (G) 10MG
CADUET 10/40MG	JANUMET 50/500MG	SENSIPAR 60MG	ZYCLARA PACKET 3.75
CADUET 10/80MG	JANUMET 50/1000MG	SEREVENT DISKUS 50MCG	
CARDURA XL 4MG	JANUMET XR 50MG/500MG	SEROQUEL XR 50MG	
CARDURA XL 8MG	JANUMET XR 50MG/1000MG	SEROQUEL XR 150MG	
COMBIGAN 0.2-0.5%	JANUMET XR 100MG/1000MG	SEROQUEL XR 200MG	
COMBIVENT RESPIMAT	JANUVIA 25MG	SEROQUEL XR 300MG	
20MCG/100MCG	JANUVIA 50MG	SEROQUEL XR 400MG	
COMTAN 200MG	JANUVIA 100MG	SIMBRINZA 1%/0.2%	
CRESTOR (G) 5MG	JARDIANCE 10MG	SOOLANTRA 1%	
CRESTOR (G) 10MG	JARDIANCE 25MG	SPIRIVA 18MCG	
CRESTOR (G) 20MG	JENTADUETO 2.5MG-500MG	SPIRIVA RESPIMAT 2.5MCG	
	JENTADUETO 2.5MG-850MG	STARLIX 60MG	
		STARLIX 120MG	

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-488-7874 toll free to verify the availability of your medication through this program.

Member ID#: _____

FAX DIRECTLY FROM YOUR DOCTOR'S OFFICE WITH YOUR PRESCRIPTION(S) TOLL-FREE TO: 1-866-215-7874
 Or MAIL TO: CityofYorkCRX, 235 EUGENIE ST. WEST, SUITE 105D, WINDSOR, ON, CANADA, N8X 2X7 PHONE TOLL-FREE: 1-866-488-7874

PATIENT INFORMATION:		Birthdate _____ <small>MM/DD/YYYY</small>
Phone (Home)	Phone (Work or Cell)	
First Name (please print)	Initial	Last Name
Street Address	City/State	Zip Code

NOTE: Please request a **3-month** supply of medication with **3 refills**.
New-to-you medications must be domestically prescribed, filled and taken for a period of no less than 30 days.

List all prescription, non-prescription, over-the-counter medications, herbal, nutritional and vitamin supplements and their strengths. (THIS IS NOT A PRESCRIPTION.)

Name of Medicine	Dosage	Time(s) to Take	Date Started	Reason for Taking
<i>Ex. Januvia</i>	<i>Ex. 50mg</i>	<i>Ex. Twice Daily</i>	<i>Ex. 8/20/2017</i>	<i>Ex. Diabetes</i>

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) Male Female

(i) **Operations:** e.g., Hysterectomy, Gall bladder, Heart operations, etc. _____

(ii) **Hospitalizations:** (stays in hospital during the past 5 years) _____

(iii) **Present Illness:** (ongoing) e.g., Diabetes, Heart disease, Osteoporosis, etc. _____

(iv) **Drug Allergies:** NO YES If yes, please specify: _____

AUTHORIZATION IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: _____ **Date:** (MM/DD/YY) _____

AUTHORIZATION IF THE PATIENT IS THE MEMBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient Signature: _____ **Date:** (MM/DD/YY) _____

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CanaRx Services Inc. at Windsor, Ontario, Canada, and CRX International Inc. at Christ Church, Barbados (collectively referred to as "CRX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs.

I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CRX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CRX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CRX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CRX or any CRX contracted physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CRX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CRX, I will immediately contact my U.S. physician.
14. All information that I give to CRX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CRX and its delegates and contractors (collectively referred to as "CRX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician and of arranging for pharmacies to dispense to me medications as prescribed.
2. CRX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me.
3. CRX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CRX (and any CRX contracted physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CRX from my U.S. physician's office the original signed copy of the prescription.
6. CRX and its contracted physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CRX contracted physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CRX may make payments on my behalf to CRX contracted pharmacies for dispensing medicine in accordance with my prescriptions and to CRX contracted physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CRX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CRX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CRX contracted physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CRX contracted pharmacy.
2. CRX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CRX contracted physician and have enlisted the services of CRX to facilitate it. I understand that the CRX contracted physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CRX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CRX contracted pharmacy.
6. I acknowledge that CRX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CRX Privacy Policy in detail as provided below:

1. CRX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CRX and CRX contracted physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CRX contracted physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CRX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, contracted physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CRX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CRX's transmission of my personal information by electronic means to its delegates, employees, contracted physicians and pharmacies.
3. I acknowledge that CRX will obtain health information about me, and is obligated in accordance with the CRX Privacy Policy to protect such information. I can visit www.CRXIntl.com at any time to view the most updated version of the CRX Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CRX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CRX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	Prior_Plan_Paid	Plan_Paid_Sourced	ShippingCost	EPLSFee	TotalSourcedCost	Savings	Resolution
01/03/2023	City of York						Glatiramer Acetate	40mg/ml	24	56	9175.68	3880	0	0	3880	5295.68	Domestic Pharmacy
01/10/2023	City of York						Dimethyl Fumarate	240mg	180	90	16058.16	249	0	0	249	15809.16	Domestic Pharmacy
	City of York						Total				25233.84	4129	0	0	4129	21104.84	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rrior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution	
02/01/2023	City of York						Norditropin FlexPro	10mg/1.5ml	3	28	2704.15	1199.98	249.99	0	1449.97	1254.18	International Pharmacy PS
02/02/2023	City of York						Lantus	100u/ml	120	90	2393.9	1128	249.99	260	1637.99	755.91	International Pharmacy IA
02/02/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	3	84	2415.65	1049.97	249.99	260	1559.96	855.69	International Pharmacy IA
02/07/2023	City of York						Januvia	100mg	90	90	1347.78	389.97	49.99	190	629.96	717.82	International Pharmacy IA
02/14/2023	City of York						Xarelto	20mg	90	90	1334.89	329.99	49.99	190	569.98	764.91	International Pharmacy IA
02/28/2023	City of York						Verzenio	100 mg	168	84	46020	20459.94	49.99	0	20509.93	25510.07	International Pharmacy PS
	City of York						Total				56216.37	24557.85	899.94	900	26357.79	29858.58	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rrior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution	
03/01/2023	City of York						Jardiance	25mg	90	90	1556.91	299.99	49.99	190	539.98	1016.93	International Pharmacy IA
03/06/2023	City of York						Otezla	30mg	56	28	8675.74	2799.98	49.99	0	2849.97	5825.77	International Pharmacy PS
03/30/2023	City of York						Verzenio	150mg	56	28	15340	6619.98	49.99	0	6669.97	8670.03	International Pharmacy IA
	City of York						Total				25572.65	9719.95	149.97	190	10059.92	15512.73	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution
04/27/2023	City of York						Prolia	60mg	1	180	2100	499	249.99	675	1423.99	676.01 JCode International
04/18/2023	City of York						Otezla	30mg	112	56	8675.74	2999.98	49.99	0	3049.97	5625.77 International Pharmacy PS
04/05/2023	City of York						Xeljanz	5mg	60	30	4910.35	1801.99	49.99	0	1851.98	3058.37 International Pharmacy PS
04/24/2023	City of York						Xeljanz	5mg	60	30	4910.35	1801.99	49.99	0	1851.98	3058.37 International Pharmacy PS
04/05/2023	City of York						Glatiramer Acetate	40mg/ml	24	56	9175.68	3880	0	0	3880	5295.68 Domestic Pharmacy
04/17/2023	City of York						Lantus	100u/ml	120	90	2393.9	1331.88	249.99	260	1841.87	552.03 International Pharmacy IA
04/05/2023	City of York						Dimethyl Fumarate	240mg	180	90	16058.16	249	0	0	249	15809.16 Domestic Pharmacy
04/26/2023	City of York						victoza	0.6/0.1mL	27	84	2146.26	1109.97	249.99	260	1619.96	526.3 International Pharmacy IA
	City of York						Total				50370.44	13673.81	899.94	1195	15768.75	34601.69

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rrior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution	
05/23/2023	City of York						Ozempic 0.25 mg	2mg/1.5ml	3	112	892.72	289.99	55	190	534.99	357.73	International Pharmacy IA
05/24/2023	City of York						Januvia	100mg	90	90	1347.78	419.97	49.99	190	659.96	687.82	International Pharmacy IA
05/10/2023	City of York						Verzenio	100 mg	112	56	46020	13639.96	49.99	0	13689.95	32330.05	International Pharmacy PS
05/19/2023	City of York						Xeljanz	5mg	60	30	4910.35	1801.99	49.99	0	1851.98	3058.37	International Pharmacy PS
05/26/2023	City of York						Glatiramer Acetate	40mg/ml	24	56	9175.68	3880	0	0	3880	5295.68	Domestic Pharmacy
05/18/2023	City of York						Xarelto	20mg	90	90	1334.89	329.99	25	190	544.99	789.9	International Pharmacy IA
05/30/2023	City of York						Verzenio	150mg	56	28	15340	6619.98	49.99	0	6669.97	8670.03	International Pharmacy PS
	City of York						Total				79021.42	26981.88	279.96	570	27831.84	51189.58	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	alSourcedC	Savings	Resolution
06/13/2023	City of York						Jardiance	25mg	90	90	1556.91	299.99	49.99	190	539.98	1016.93 International Pharmacy IA
06/23/2023	City of York						Ozempic 0.25 mg	2mg/1.5ml	1	30	892.72	369.99	55	85	509.99	382.73 International Pharmacy IA
06/23/2023	City of York						Otezla	30mg	112	56	8675.74	2999.98	49.99	0	3049.97	5625.77 International Pharmacy PS
06/27/2023	City of York						Verzenio	100 mg	112	56	46020	13639.96	49.99	0	13689.95	32330.05 International Pharmacy PS
06/23/2023	City of York						Xeljanz	5mg	120	60	9820.7	3603.98	49.99	0	3653.97	6166.73 International Pharmacy PS
06/05/2023	City of York						Dupixent	300mg/2ml	2	28	3587.92	2699.99	249.99	0	2949.98	637.94 International Pharmacy PS
06/14/2023	City of York						Jardiance	25mg	90	90	1678.8	299.99	25	190	514.99	1163.81 International Pharmacy IA
06/09/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	1	28	805.22	369.99	55	85	509.99	295.23 International Pharmacy IA
06/29/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	1	28	805.22	369.99	55	85	509.99	295.23 International Pharmacy IA
06/09/2023	City of York						Norditropin FlexPro	5mg/1.5mg	15	30	2454.15	899.97	249.99	0	1409.96	1044.19 International Pharmacy PS
06/30/2023	City of York						Norditropin FlexPro	5mg/1.5mg	15	30	2454.15	899.97	249.99	0	1409.96	1044.19 International Pharmacy PS
06/20/2023	City of York						Verzenio	150mg	56	28	15340	6619.98	49.99	0	6669.97	8670.03 International Pharmacy PS
06/21/2023	City of York						Januvia	50mg	90	90	1497.14	379.99	49.99	190	619.98	877.16 International Pharmacy IA
	City of York						Total				95588.67	33453.77	1239.91	825	36038.68	59549.99

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan_Paid_Sour	ShippingCos	EPLSFee	alSourcedC	Savings	Resolution	
07/24/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	3	28	805.22	369.99	130	85	584.99	220.23	International Pharmacy IA
07/07/2023	City of York						Lantus	100u/ml	120	90	2393.9	1331.88	249.99	260	1841.87	552.03	International Pharmacy IA
07/21/2023	City of York						Norditropin FlexPro	5mg/1.5mg	30	60	4908.83	1799.94	249.99	0	2049.93	2858.9	International Pharmacy PS
07/17/2023	City of York						Verzenio	150mg	56	28	15340	6619.98	49.99	0	6669.97	8670.03	International Pharmacy PS
07/26/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	6	56	1408.42	739.98	130	170	1039.98	368.44	International Pharmacy IA
07/12/2023	City of York						Fycompa	6 mg	84	84	3339	1109.97	49.99	260	1419.96	1919.04	International Pharmacy IA
07/03/2023	City of York						Myrbetriq	50mg	90	90	1487	249.99	25	190	464.99	1022.01	International Pharmacy IA
07/03/2023	City of York						Dimethyl Fumarate	240mg	180	90	16058.16	249	0	0	249	15809.16	Domestic Pharmacy
07/19/2023	City of York						victoza	0.6/0.1mL	27	84	3263.64	1109.97	249.99	260	1619.96	1643.68	International Pharmacy IA
07/20/2023	City of York						Linness	290mcg	90	90	1409.47	579.99	49.99	190	819.98	589.49	International Pharmacy IA
	City of York						Total				50413.64	14160.69	1184.94	1415	16760.63	33653.01	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	atSourcedC	Savings	Resolution
08/30/2023	City of York						Jardiance	25mg	90	90	1556.91	299.99	49.99	190	539.98	1016.93 International Pharmacy IA
08/29/2023	City of York						Entresto	24mg/26m	180	90	1874.26	759.98	49.99	190	999.97	874.29 International Pharmacy IA
08/01/2023	City of York						Saxenda	18mg/3ml	45	90	4476	1454.97	249.99	0	1704.96	2771.04 International Pharmacy IA
08/08/2023	City of York						Januvia	100mg	90	90	1347.78	419.97	49.99	190	659.96	687.82 International Pharmacy IA
08/18/2023	City of York						Otezla	30mg	112	56	8675.74	2999.98	49.99	0	3049.97	5625.77 International Pharmacy PS
08/14/2023	City of York						Verzenio	100 mg	112	56	46020	13639.96	49.99	0	13689.95	32330.05 International Pharmacy PS
08/16/2023	City of York						Xeljanz	5mg	120	60	9820.7	3603.98	49.99	0	3653.97	6166.73 International Pharmacy PS
08/15/2023	City of York						Xarelto	20mg	90	90	1334.89	329.99	25	190	544.99	789.9 International Pharmacy IA
08/18/2023	City of York						Ozempic 1	4mg/3ml	6	56	1610.44	739.98	130	170	1039.98	570.46 International Pharmacy IA
08/14/2023	City of York						Verzenio	150mg	56	28	15340	6619.98	49.99	0	6669.97	8670.03 International Pharmacy PS
08/24/2023	City of York						Ozempic 1	4mg/3ml	2	28	1408.42	739.98	130	170	1039.98	368.44 International Pharmacy IA
08/29/2023	City of York						Eliquis	2.5mg	180	90	2434.43	449.99	49.99	190	689.98	1744.45 International Pharmacy IA
	City of York						Total				95899.57	32058.75	934.91	1290	34283.66	61615.91
3/1/2023	City of York						Xeljanz	5mg	60	30	4910.35	1801.99	49.99	0	1851.98	3058.37 International Pharmacy PS
							Total				4910.35	1801.99	49.99	0	1851.98	3058.37

Per the AIA audit conducted this was never billed on the 4/1/23 invoice.

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution	
09/19/2023	City of York						Skyrizi	150mg/ml	1	84	17028.23	5999.99	250	0	6249.99	10778.24	International Pharmacy PS
09/06/2023	City of York						Saxenda	18mg/3ml	15	30	2306	484.99	249.99	260	994.98	1311.02	International Pharmacy IA
09/25/2023	City of York						Saxenda	18mg/3ml	15	30	2306	484.99	249.99	260	994.98	1311.02	International Pharmacy IA
09/08/2023	City of York						Jardiance	25mg	90	90	1678.8	299.99	25	190	514.99	1163.81	International Pharmacy IA
09/13/2023	City of York						Norditropin FlexPro	5mg/1.5mg	30	60	4908.83	1799.94	249.99	0	2049.93	2858.9	International Pharmacy PS
09/18/2023	City of York						Ozempic 1 mg-mL	4mg/3ml	6	56	1408.42	739.98	130	170	1039.98	368.44	International Pharmacy IA
09/28/2023	City of York						Fycompa	6 mg	84	84	3339	1109.97	49.99	0	1159.96	2179.04	International Pharmacy IA
09/25/2023	City of York						Myrbetriq	50mg	90	90	1487	249.99	25	190	464.99	1022.01	International Pharmacy IA
09/21/2023	City of York						Januvia	50mg	90	90	1497.14	379.99	49.99	190	619.98	877.16	International Pharmacy IA
	City of York						Total				35959.42	11549.83	1279.95	1260	14089.78	21869.64	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rior_Plan	Pan_Paid	SourShippingCos	EPLSFee	talSourcedC	Savings	Resolution
10/05/2023	City of York						Saxenda	18mg/3ml	45	90	4856.46	1454.97	249.99	0	1704.96	3151.5	International Pharmacy PS
10/30/2023	City of York						Januvia	100mg	90	90	1347.78	419.97	49.99	190	659.96	687.82	International Pharmacy IA
10/13/2023	City of York						Otezla	30mg	112	56	8675.74	2999.98	49.99	0	3049.97	5625.77	International Pharmacy PS
10/03/2023	City of York						Verzenio	100 mg	112	56	30680	13639.96	49.99	0	13689.95	16990.05	International Pharmacy PS
10/10/2023	City of York						Trulicity	0.75mg/0.5ml	4	28	2228.5	389.99	249.99	260	899.98	1328.52	International Pharmacy IA
10/23/2023	City of York						Saxenda	18mg/3ml	45	90	6918	1454.97	249.99	0	1704.96	5213.04	International Pharmacy PS
10/09/2023	City of York						Xeljanz	5mg	120	60	9820.7	3603.98	49.99	0	3653.97	6166.73	International Pharmacy PS
10/12/2023	City of York						Glatiramer	40mg/ml	24	56	9175.68	3880	0	0	3880	5295.68	Domestic Pharmacy
10/03/2023	City of York						Ozempic 1	4mg/3ml	6	56	1610.44	739.98	130	170	1039.98	570.46	International Pharmacy IA
10/05/2023	City of York						Lantus	100u/ml	120	90	2393.9	1331.88	249.99	260	1841.87	552.03	International Pharmacy IA
10/25/2023	City of York						Norditropin	5mg/1.5mg	15	60	22994	2999.9	249.99	0	3249.89	19744.11	International Pharmacy PS
10/20/2023	City of York						Rybelsus 7	1.7mg	90	90	2902.05	1109.97	25	260	1394.97	1507.08	International Pharmacy IA
10/17/2023	City of York						Linze	290mcg	90	90	1409.47	579.99	49.99	190	819.98	589.49	International Pharmacy IA
	City of York						Total				105012.7	34605.54	1654.9	1330	37590.44	67422.28	

Invoice Date	Employer	RejectionID	MemberID	Location	NameFirst	NameLast	Drug	Strength	QTY	DaysSupply	rrior_Plan_Pan_Paid_Sour	ShippingCos	EPLSFee	talSourcedC	Savings	Resolution	
11/15/2023	City of York						Verzenio	100 mg	112	56	30680	13639.96	49.99	0	13689.95	16990.05	International Pharmacy PS
11/21/2023	City of York						Breo Ellipta	100-25mcg	180	90	1169.79	332.97	25	190	547.97	621.82	International Pharmacy IA
11/13/2023	City of york						Jardiance	25mg	90	90	1669.19	299.99	25	190	514.99	1154.2	International Pharmacy IA
	City of York						Total				33518.98	14272.92	99.99	380	14752.91	18766.07	

City of York Billing Detail ME 01-31-2024

Report Date: 2/13/2024 9:48

FALSE

STATUS	Company	PERIOD_E	PERIOD	Total		OS/NM CNT	DNB CNT	Plan	EPLS	JCode Fee	Total Period Fee's		
		ND_DATE& COMPANY	Billing Period Ending	SCRIPT CNT	Period Script Fee Rate							Period Script Fee	
RELEASED	City of York	45322City of York	1/31/2024	1151	\$ 10.00	\$11,510.00	26	0	\$28,640.68	\$ 649.90	\$1,870.00	\$ -	\$ 42,670.58

Source	Employer	RejectionID	MemberID	Location	DOB	Name		Gender	Invoice Dat	Drug	DaysSupply	Strength	QTY	Prior_Plan_Pa	Plan_Paid_So		ShippingC	EPLSFee	PHARM	EPLS	Sourced	Member_S	Resolution
						First	Name Last								urced	ost							
OS	City of York				0				1/2/2024	Verzenio	56	100 mg		112	\$30,680.00	\$13,639.96	\$49.99	\$ -	TRUE	\$13,689.95	\$ -	International Pharmacy PS	
OS	City of York				0				1/12/2024	Saxenda	90	18mg/3ml		45	\$4,152.00	\$1,454.97	\$149.98	\$260.00	TRUE	\$1,864.95	\$ -	International Pharmacy IA	
OS	City of York				0				1/29/2024	Xeljanz	60	5mg		120	\$9,820.70	\$3,603.98	\$49.99	\$ -	TRUE	\$3,653.97	\$ -	International Pharmacy PS	
OS	City of York				0				1/10/2024	Glatiramer	56	40mg/ml		24	\$9,175.68	\$3,880.00	\$ -	\$ -	TRUE	\$3,880.00	\$ -	Domestic Pharmacy	
OS	City of York				0				1/3/2024	Lantus	90	100u/ml		120	\$2,393.90	\$1,331.88	\$149.98	\$260.00	TRUE	\$1,741.86	\$ -	International Pharmacy IA	
OS	City of York				0				1/8/2024	Vraylar	90	1.5mg		90	\$4,260.00	\$789.99	\$49.99	\$260.00	TRUE	\$1,099.98	\$ -	International Pharmacy IA	
OS	City of York				0				1/23/2024	Entresto	90	24-26mg		180	\$1,890.08	\$759.98	\$49.99	\$190.00	TRUE	\$999.97	\$ -	International Pharmacy IA	
OS	City of York				0				1/11/2024	Rybelsus 1.	90	14mg		90	\$2,641.00	\$1,109.97	\$25.00	\$260.00	TRUE	\$1,394.97	\$ -	International Pharmacy IA	
OS	City of York				0				1/16/2024	Rybelsus	90	7mg		90	\$2,902.05	\$1,109.97	\$25.00	\$260.00	TRUE	\$1,394.97	\$ -	International Pharmacy IA	
OS	City of York				0				1/11/2024	Linzezz	90	290mcg		90	\$1,409.47	\$579.99	\$49.99	\$190.00	TRUE	\$819.98	\$ -	International Pharmacy IA	
OS	City of York				0				1/23/2024	Januvia	90	50mg		90	\$1,497.14	\$379.99	\$49.99	\$190.00	TRUE	\$619.98	\$ -	International Pharmacy IA	

City of York Billing Detail ME 02-29-2024

Report Date: 45358.587

STATUS	Company	PERIOD_E	PERIOD	Total		OS/NM CNT	DNB CNT	Plan		EPLS		Total Period Fee's	
		ND_DATE& COMPANY	Billing Period Ending	SCRIPT CNT	Period Script Fee Rate			Period Script Fee	Sourced	Shipping	Fee's		JCode Fee
RELEASED	City of York	45351City of York	2/29/2024	1038	\$ 10.00	\$ 10,380.00	26	0	\$ 9,677.75	\$ 624.91	\$ 1,090.00	0	21772.66
				Prior Script	TRUE								

Source	Employer	RejectionID	MemberID	Location	DOB	Name			Invoice Dat	Drug	DaysSuppl	Strength	QTY	Plan_Paid_S			ShippingC	EPLSFee	PHARM	Total		Resolution
						First	Name Last	Gender						Prior_Plan_Pai	ourced	ost				Sourced	oPay	
OS	City of York				0				2/20/2024	Saxenda	90	18mg/3ml	45	\$ 3,973.00	\$ 1,454.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,864.95	\$ -	International Pharmacy IA	
OS	City of York				0				2/5/2024	Januvia	90	100mg	90	\$ 1,347.78	\$ 419.97	\$ 49.99	\$ 190.00	TRUE	\$ 659.96	\$ -	International Pharmacy IA	
OS	City of York				0				2/12/2024	Otezla	56	30mg	112	\$ 8,675.74	\$ 2,999.98	\$ 49.99	\$ -	TRUE	\$ 3,049.97	\$ -	International Pharmacy PS	
OS	City of York				0				2/23/2024	Jardiance	90	25mg	90	\$ 1,593.27	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA	
OS	City of York				0				2/16/2024	Breo Ellipta	90	100-25mcg	180	\$ 1,169.79	\$ 332.97	\$ 25.00	\$ 190.00	TRUE	\$ 547.97	\$ -	International Pharmacy IA	
OS	City of York				0				2/20/2024	Norditropir	55	5mg/1.5ml	15	\$ 22,994.00	\$ 2,999.90	\$ 149.98	\$ -	TRUE	\$ 3,149.88	\$ -	International Pharmacy PS	
OS	City of York				0				2/20/2024	Trulicity	84	0.75mg/0.5	12	\$ 2,540.00	\$ 1,169.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,579.95	\$ -	International Pharmacy IA	

Report Date: 4/12/2024

STATUS	Company	PERIOD_E	PERIOD	Total	Plan					Total Period Fee's			
		ND_DATE&	Billing Period	SCRIPT	Period Script Fee	Period	OS/NM CNT	DNB CNT	Sourced		Shipping	EPLS Fee's	JCode Fee
RELEASED	City of York	45382City of York	3/31/2024	1126	\$ 10.00	\$ 11,260.00	27	0	\$32,593.78	\$ 779.93	\$1,380.00	3034.49	49048.2
			Prior Script	TRUE									

Source	Employer	RejectionID	MemberID	Location	DOB	Name	First	Name Last	Gender	Invoice Date	Drug	DaysSuppl	Strength	QTY	Prior_Plan_Pai	Plan_Paid_S		ShippingC	EPLSFee	PHARM	EPLS	Total	Sourced	Cost	oPay	Resolution
																ourced	ost									
OS	City of York				0					3/1/2024	Jardiance	90	25mg	90	\$ 1,692.68	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA				
OS	City of York				0					3/1/2024	Entresto	90	24mg/26m	180	\$ 1,874.26	\$ 759.98	\$ 49.99	190	TRUE	\$ 999.97	\$ -	International Pharmacy IA				
OS	City of York				0					3/5/2024	Skyrizi	84	150mg/ml	1	\$ 17,028.23	\$ 6,350.00	\$ 250.00	0	TRUE	\$ 6,600.00	\$ -	International Pharmacy PS				
OS	City of York				0					3/7/2024	Breztri	90	160-9-4.8n	32.1	\$ 1,787.53	\$ 549.90	\$ 49.99	190	TRUE	\$ 789.89	\$ -	International Pharmacy IA				
OS	City of York				0					3/25/2024	Orilissa	56	150mg	56	\$ 2,278.00	\$ 499.98	\$ 25.00	170	TRUE	\$ 694.98	\$ -	International Pharmacy IA				
OS	City of York				0					3/8/2024	Doptelet	21	20mg	30	\$ 12,224.82	\$ 4,999.99	\$ 49.99	0	TRUE	\$ 5,049.98	\$ -	International Pharmacy PS				
OS	City of York				0					3/27/2024	Doptelet	42	20mg	60	\$ 24,449.64	\$ 9,899.98	\$ 49.99	0	TRUE	\$ 9,949.97	\$ -	International Pharmacy PS				
OS	City of York				0					3/26/2024	Xeljanz	60	5mg	120	\$ 9,820.70	\$ 3,603.98	\$ 49.99	0	TRUE	\$ 3,653.97	\$ -	International Pharmacy PS				
OS	City of York				0					3/7/2024	Glatiramer	56	40mg/ml	24	\$ 9,175.68	\$ 3,880.00	\$ -	0	TRUE	\$ 3,880.00	\$ -	Domestic Pharmacy				
OS	City of York				0					3/8/2024	Trulicity	84	1.5mg/0.5r	12	\$ 2,634.03	\$ 1,200.00	\$ 130.00	260	TRUE	\$ 1,590.00	\$ -	International Pharmacy IA				
OS	City of York				0					3/8/2024	Jardiance	90	25mg	90	\$ 1,678.80	\$ 299.99	\$ 49.99	190	TRUE	\$ 539.98	\$ -	International Pharmacy IA				
OS	City of York				0					3/12/2024	Myrbetriq	90	50mg	90	\$ 1,676.99	\$ 249.99	\$ 25.00	190	TRUE	\$ 464.99	\$ -	International Pharmacy IA				
OS	City of York				0					3/25/2024	Cabenuva	56	600mg-90C	1	\$ 6,068.98	\$ -	\$ -	3034.49	TRUE	\$ 3,034.49	\$ -	JCode PAP				

Report Date: 5/13/2024

STATUS	Company	PERIOD_E	PERIOD	Total		Plan							
		ND_DATE&	Billing Period	SCRIPT	Period	Script Fee	OS/NM CNT	DNB CNT	Sourced	Shipping	EPLS Fee's	JCode Fee	Total Period Fee's
RELEASED	City of York	45412City of York	4/30/2024	1131	\$ 10.00	\$ 11,310.00	26	0	\$22,294.81	\$ 524.91	\$1,730.00	0	\$ 35,859.72
			Prior Script		TRUE								

Source	Employer	RejectionID	MemberID	Location	DOB	Name	First	Name Last	Gender	Invoice Date	Drug	DaysSuppl	Strength	QTY	Plan_Paid_So				EPLS	PHARM	Total Sourced	Member_S	Resolution
															Prior_Plan_Pai	urced	ost	EPLSFee					
OS	City of York				0					4/24/2024	Jardiance	90	25mg	90	\$ 1,669.19	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA	
OS	City of York				0					4/8/2024	Otezla	56	30mg	112	\$ 8,675.74	\$ 2,999.98	\$ 49.99	\$ -	TRUE	\$ 3,049.97	\$ -	International Pharmacy PS	
OS	City of York				0					4/18/2024	Verzenio	56	100 mg	112	\$ 30,680.00	\$ 13,639.96	\$ 49.99	\$ -	TRUE	\$ 13,689.95	\$ -	International Pharmacy PS	
OS	City of York				0					4/10/2024	Saxenda	90	18mg/3ml	45	\$ 4,152.00	\$ 1,454.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,864.95	\$ -	International Pharmacy IA	
OS	City of York				0					4/2/2024	Vraylar	90	1.5mg	90	\$ 4,260.00	\$ 789.99	\$ 49.99	\$ 260.00	TRUE	\$ 1,099.98	\$ -	International Pharmacy IA	
OS	City of York				0					4/24/2024	Entresto	90	24-26mg	180	\$ 1,890.08	\$ 759.98	\$ -	\$ 190.00	TRUE	\$ 949.98	\$ -	International Pharmacy IA	
OS	City of York				0					4/17/2024	Rybelsus	90	7mg	90	\$ 2,902.05	\$ 1,109.97	\$ 25.00	\$ 260.00	TRUE	\$ 1,394.97	\$ -	International Pharmacy IA	
OS	City of York				0					4/22/2024	Myrbetriq	90	50mg	90	\$ 1,364.37	\$ 279.99	\$ 49.99	\$ 190.00	TRUE	\$ 519.98	\$ -	International Pharmacy IA	
OS	City of York				0					4/2/2024	Linzzess	90	290mcg	90	\$ 1,409.47	\$ 579.99	\$ 49.99	\$ 190.00	TRUE	\$ 819.98	\$ -	International Pharmacy IA	
OS	City of York				0					4/16/2024	Januvia	90	50mg	90	\$ 1,497.14	\$ 379.99	\$ 49.99	\$ 190.00	TRUE	\$ 619.98	\$ -	International Pharmacy IA	

Report Date: 6/7/2024

STATUS	Company	PERIOD_E	PERIOD	Total	Plan									
		ND_DATE&	Billing Period	SCRIPT	Period	Script Fee	OS/NM CNT	DNB CNT	Sourced	Shipping	EPLS Fee's	JCode Fee	Total Period Fee's	
RELEASED	City of York	45443City of York	5/31/2024	1209	\$ 10.00	\$ 12,090.00	26	0	\$ 22,573.22	\$ 987.39	\$ 1,660.00	3034.49	40345.1	
Prior Script Fee Match:					TRUE									

Source	Employer	RejectionID	MemberID	Location	DOB	Name	Name Last	Gender	Invoice Date	Drug	DaysSuppl	Strength	QTY	Prior_Plan_Pai	Sourced	ShippingC	EPLSFee	PHARM	Total	Member_S	Resolution
OS	City of York								5/28/2024	Jardiance	90	25mg	90	\$ 1,692.68	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA
OS	City of York								5/29/2024	Entresto	90	24mg/26m	180	\$ 1,874.26	\$ 759.98	\$ 49.99	\$ 190.00	TRUE	\$ 999.97	\$ -	International Pharmacy IA
OS	City of York								5/6/2024	Januvia	90	100mg	90	\$ 1,347.78	\$ 419.99	\$ 49.99	\$ 190.00	TRUE	\$ 659.98	\$ -	International Pharmacy IA
OS	City of York								5/30/2024	Skyrizi	84	150mg/ml	1	\$ 20,554.23	\$ 6,350.00	\$ 250.00	\$ -	TRUE	\$ 6,600.00	\$ -	International Pharmacy PS
OS	City of York								5/30/2024	Doptelet	30	20mg	30	\$ 12,225.82	\$ 4,999.99	\$ 49.99	\$ -	TRUE	\$ 5,049.98	\$ -	International Pharmacy PS
OS	City of York								5/23/2024	Xeljanz	60	5mg	120	\$ 9,820.70	\$ 3,603.98	\$ 49.99	\$ -	TRUE	\$ 3,653.97	\$ -	International Pharmacy PS
OS	City of York								5/13/2024	Breo Ellipta	90	100-25mcg	180	\$ 1,169.79	\$ 332.97	\$ 25.00	\$ 190.00	TRUE	\$ 547.97	\$ -	International Pharmacy IA
OS	City of York								5/3/2024	Trulicity	84	1.5mg/ml	12	\$ 2,759.49	\$ 1,169.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,579.95	\$ -	International Pharmacy IA
OS	City of York								5/1/2024	Norditropin	55	5mg/1.5ml	15	\$ 22,994.00	\$ 2,999.90	\$ 149.98	\$ -	TRUE	\$ 3,149.88	\$ -	International Pharmacy PS
OS	City of York								5/30/2024	Jardiance	90	25mg	90	\$ 1,678.80	\$ 299.99	\$ -	\$ 190.00	TRUE	\$ 489.99	\$ -	International Pharmacy IA
OS	City of York								5/30/2024	Trulicity	84	1.5mg/0.5r	12	\$ 2,634.03	\$ 1,169.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,579.95	\$ -	International Pharmacy IA
OS	City of York								5/28/2024	Cabenuva	56	600mg-90C	1	\$ 6,068.98	\$ -	\$ -	\$ 3,034.49	TRUE	\$ 3,034.49	\$ -	JCode Secondary Insurance
OS	City of York								5/30/2024	Breo Ellipta	90	100-25mcg	180	\$ 1,169.79	\$ 166.49	\$ 12.50	\$ 190.00	TRUE	\$ 368.99	\$ -	International Pharmacy IA

STATUS	Company	PERIOD_E	PERIOD	Total		OS/NM CNT	DNB CNT	Plan		EPLS		Total Period Fee's	
		ND_DATE& Billing Period	SCRIPT	Period	Script Fee			Sourced	Shipping	Fee's	JCode Fee		
RELEASED	City of York	45479City of York	6/30/2024	1045	\$ 10.00	\$ 10,450.00	31	0	\$28,349.65	\$ 699.88	\$ 1,450.00	\$ -	\$ 40,949.53
			Prior Script	TRUE									

Source	Employer	RejectionID	MemberID	Location	DOB	Name			Invoice Date	Drug	DaysSupply	Strength	QTY	Plan_Paid_So			ShippingC	EPLS	PHARM	Total		Resolution
						First	Name Last	Gender						Prior_Plan_Pa	urced	ost				EPLSFee	Sourced Cost	
OS	City of York				0				6/27/2024	Otezla	56	30mg		112	\$ 8,675.74	\$ 2,999.98	\$ 49.99	\$ -	TRUE	\$ 3,049.97	\$ -	International Pharmacy PS
OS	City of York				0				6/17/2024	Verzenio	56	100 mg		112	\$ 30,680.00	\$ 13,639.96	\$ 49.99	\$ -	TRUE	\$ 13,689.95	\$ -	International Pharmacy PS
OS	City of York				0				6/6/2024	Breztri	90	160-9-4.8rr		32.1	\$ 1,787.53	\$ 549.90	\$ 49.99	\$ 190.00	TRUE	\$ 789.89	\$ -	International Pharmacy IA
OS	City of York				0				6/24/2024	Saxenda	90	18mg/3ml		45	\$ 4,152.00	\$ 1,410.00	\$ 149.98	\$ 260.00	TRUE	\$ 1,819.98	\$ -	International Pharmacy IA
OS	City of York				0				6/10/2024	Glatiramer	56	40mg/ml		24	\$ 9,175.68	\$ 3,880.00	\$ -	0	TRUE	\$ 3,880.00	\$ -	Domestic Pharmacy
OS	City of York				0				6/27/2024	Creon	50	25		200	\$ 1,553.00	\$ 309.97	\$ 49.99	170	TRUE	\$ 529.96	\$ -	International Pharmacy IA
OS	City of York				0				6/21/2024	Nurtec OD	90	75mg		24	\$ 2,927.67	\$ 1,139.97	\$ 49.99	190	TRUE	\$ 1,379.96	\$ -	International Pharmacy IA
OS	City of York				0				6/25/2024	Faxiga	90	10mg		90	\$ 1,647.00	\$ 329.99	\$ 49.99	190	TRUE	\$ 569.98	\$ -	International Pharmacy IA
OS	City of York				0				6/28/2024	Norditropir	45	5mg/1.5ml		15	\$ 22,994.00	\$ 2,999.90	\$ 149.98	0	TRUE	\$ 3,149.88	\$ -	International Pharmacy PS
OS	City of York				0				6/28/2024	Vraylar	90	1.5mg		90	\$ 4,260.00	\$ 789.99	\$ 49.99	260	TRUE	\$ 1,099.98	\$ -	International Pharmacy IA
OS	City of York				0				6/28/2024	Jardiance	90	10mg		90	\$ 1,730.77	\$ 299.99	\$ 49.99	190	TRUE	\$ 539.98	\$ -	International Pharmacy IA

STATUS	Company	PERIOD_E		PERIOD		Total		OS/NM CNT	DNB CNT	Plan		EPLS		Total Period Fee's
		ND_DATE	Billing Period	SCRIPT	Period	Script Fee	Period			Sourced	Shipping	Fee's	JCode Fee	
RELEASED	City of York	45504	City of York	7/31/2024	1124	\$ 10.00	\$ 11,240.00	29	0	\$ 7,349.90	\$ 304.96	\$ 1,280.00	\$ 3,034.49	\$ 23,209.35
				Prior Script		TRUE								

Source	Employer	RejectionID	MemberID	Location	DOB	Name			Invoice Date	Drug	DaysSuppl	Strength	QTY	Plan_Paid_S			EPLS	PHARM	Total Sourced Cost	Member_S	Resolution
						First	Name Last	Gender						Prior_Plan_P	ourced	ost					
OS	City of York								7/19/2024	Rybelsus	90	7mg	90	\$ 2,902.05	\$ 989.97	\$ 15.00	\$ 260.00	TRUE	\$ 1,264.97	\$ -	International Pharmacy IA
OS	City of York								7/29/2024	Glatiramer	56	40mg/ml	24	\$ 9,175.68	\$ 3,880.00	\$ -	\$ -	TRUE	\$ 3,880.00	\$ -	Domestic Pharmacy
OS	City of York								7/29/2024	Trulicity	84	1.5mg/ml	6	\$ 2,759.49	\$ 1,169.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,579.95	\$ -	International Pharmacy IA
OS	City of York								7/29/2024	Xarelto	90	20MG	90	\$ 1,681.92	\$ 329.99	\$ 25.00	\$ 190.00	TRUE	\$ 544.99	\$ -	International Pharmacy IA
OS	City of York								7/29/2024	Trelegy Ellij	90	200mcg/62	180	\$ 1,948.47	\$ 399.99	\$ 15.00	\$ 190.00	TRUE	\$ 604.99	\$ -	International Pharmacy IA
OS	City of York								7/24/2024	Cabenuva	56	600mg-90C	1	\$ 6,068.98	\$ -	\$ -	\$ 3,034.49	TRUE	\$ 3,034.49	\$ -	JCode Secondary Insurance
OS	City of York								7/23/2024	Myrbetriq	90	50mg	90	\$ 1,364.37	\$ 279.99	\$ 49.99	\$ 190.00	TRUE	\$ 519.98	\$ -	International Pharmacy IA
OS	City of York								7/24/2024	Jardiance	90	25mg	90	\$ 1,669.19	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA

City of York Billing Detail ME 08-31-2024
 Report Date: 9/10/2024

2024 August

STATUS	Company	PERIOD_E	PERIOD	Total		OS/NM CNT	DNB CNT	Plan		EPLS		JCode Fee	Total Period Fee's
		ND_DATE& COMPANY	Billing Period Ending	SCRIPT CNT	Period Script Fee Rate			Period Script Fee	Sourced	Shipping	Fee's		
RELEASED	City of York	45535City of York	8/31/2024	1095	\$ 10.00	\$10,950.00	33	0	\$ 20,649.67	\$ 699.89	\$1,380.00	\$ -	\$ 33,679.56
Prior Script Fee Match:				TRUE									

Source	Employer	RejectionID	MemberID	Location	DOB	Name			Invoice Date	Drug	DaysSuppl	Strength	QTY	Plan_Paid_S			ShippingC	EPLSFee	PHARM	Total Sourced Cost	Member_S oPay	Resolution
						First	Name Last	Gender						Prior_Plan_Pa	ourced	ost						
OS	City of York				0				8/21/2024	Jardiance	90	25mg	90	\$ 1,692.68	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	International Pharmacy IA	
OS	City of York				0				8/8/2024	Januvia	90	100mg	90	\$ 1,347.78	\$ 419.97	\$ 49.99	\$ 190.00	TRUE	\$ 659.96	\$ -	International Pharmacy IA	
OS	City of York				0				8/12/2024	Saxenda	90	18mg/3ml	45	\$ 3,025.32	\$ 1,410.00	\$ 149.98	\$ 260.00	TRUE	\$ 1,819.98	\$ -	International Pharmacy IA	
OS	City of York				0				8/14/2024	Verzenio	56	100 mg	112	\$ 30,680.00	\$13,639.96	\$ 49.99	\$ -	TRUE	\$ 13,689.95	\$ -	International Pharmacy PS	
OS	City of York				0				8/30/2024	Breztri	90	160-9-4.8n	360	\$ 1,787.53	\$ 549.90	\$ 49.99	\$ 190.00	TRUE	\$ 789.89	\$ -	International Pharmacy IA	
OS	City of York				0				8/15/2024	Victoza	90	18mg/3ml	18	\$ 1,582.92	\$ 739.98	\$ 149.98	\$ 190.00	TRUE	\$ 1,079.96	\$ -	International Pharmacy IA	
OS	City of York				0				8/14/2024	Creon	50	25	200	\$ 1,553.00	\$ 259.98	\$ 49.99	\$ 170.00	TRUE	\$ 479.97	\$ -	International Pharmacy IA	
OS	City of York				0				8/26/2024	Norditropir	45	5mg/1.5ml	15	\$ 22,994.00	\$ 2,999.90	\$ 149.98	\$ -	TRUE	\$ 3,149.88	\$ -	International Pharmacy PS	
OS	City of York				0				8/15/2024	Farxiga	90	10mg	90	\$ 1,697.40	\$ 329.99	\$ -	\$ 190.00	TRUE	\$ 519.99	\$ -	International Pharmacy IA	

STATUS	Company	PERIOD_EN	PERIOD	Total		OS/NM CNT	DNB CNT	Plan		EPLS		Total Period Fee's	
		D_DATE&CO	Billing Period	SCRIPT	Period Script Fee			Period	Sourced	Shipping	Fee's		JCode Fee
RELEASED	City of York	45565City of York	9/30/2024	1183	\$ 10.00	\$ 11,830.00	34	0	\$15,629.86	\$ 809.92	\$ 1,420.00	\$ 3,034.49	\$ 32,724.27
			Prior Script	TRUE									

Source	Employer	RejectionID	MemberID	Location	DOB	Name			Invoice Date	Drug	DaysSuppl	Strength	QTY	Prior_Plan_Pai	Sourced	ShippingC	EPLSFee	PHARM	EPLS	Total		Member_S	Resolution
						First	Name Last	Gender												Cost	Pay		
OS	City of York				0				9/26/2024	Otezla	56	30mg	112	\$ 8,675.74	\$ 2,999.98	\$ 49.99	\$ -	TRUE	\$ 3,049.97	\$ -	-	International Pharmacy PS	
OS	City of York				0				9/23/2024	Skyrizi	84	150mg/ml	1	\$ 20,554.23	\$ 6,350.00	\$ 310.00	\$ -	TRUE	\$ 6,660.00	\$ -	-	International Pharmacy PS	
OS	City of York				0				9/25/2024	Saxenda	90	18mg/3ml	45	\$ 4,152.00	\$ 1,410.00	\$ 149.98	\$ 260.00	TRUE	\$ 1,819.98	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/17/2024	Nurtec OD	180	75mg	48	\$ 5,854.00	\$ 2,279.94	\$ 49.99	\$ 260.00	TRUE	\$ 2,589.93	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/23/2024	Farxiga	90	10mg	90	\$ 1,647.00	\$ 329.99	\$ 49.99	\$ 190.00	TRUE	\$ 569.98	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/23/2024	Vraylar	90	1.5mg	90	\$ 4,260.00	\$ 789.99	\$ 49.99	\$ 260.00	TRUE	\$ 1,099.98	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/30/2024	Jardiance	90	25mg	90	\$ 1,678.80	\$ 299.99	\$ -	\$ 190.00	TRUE	\$ 489.99	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/30/2024	Trulicity	84	1.5mg/0.5r	6	\$ 2,634.03	\$ 1,169.97	\$ 149.98	\$ 260.00	TRUE	\$ 1,579.95	\$ -	-	International Pharmacy IA	
OS	City of York				0				9/18/2024	Cabenuva	56	600mg-90C	1	6068.98	0	0	3034.49	TRUE	3034.49	0	JCode Secondary Insurance		

City of York Billing Detail ME 12-31-2023

STATUS	Company	PERIOD_END_DAT	Billing Period	PERIOD	Period	Total Period	OS/NM CNT	DNB CNT	Plan Sourced	Shipping	EPLS Fee's	Total Period
				SCRIPT	Script Fee							
RELEASED	City of York	45291City of York	12/31/2023	1098	\$ 7.50	\$ 8,235.00	25	0	\$ 20,418.64	\$ 1,174.91	\$ 1,330.00	31158.55

Source	Employer	RejectionID	MemberID	Location	DOB	Name First	Name Last	Gender	Invoice Date	Drug	DaysSupply	Strength	QTY	Prior_Plan_Paid	Plan_Paid_S		ShippingC	EPLSFee	PHARM	Total		Member_	Resolution
															ourced	ost				Sourced	Sourced_		
OS	City of York				0				12/7/2023	Rybelsus	30	7mg	0.3	\$ 1,036.00	\$ 369.99	\$ 25.00	\$ -	TRUE	\$ 394.99	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/5/2023	Jardiance	90	25mg	90	\$ 1,556.91	\$ 299.99	\$ 49.99	\$ 190.00	TRUE	\$ 539.98	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/5/2023	Entresto	90	24mg/26mg	180	\$ 1,874.26	\$ 759.98	\$ 49.99	\$ 190.00	TRUE	\$ 999.97	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/14/2023	Saxenda	90	18mg/3ml	45	\$ 4,856.46	\$ 1,454.97	\$ 249.99	\$ -	TRUE	\$ 1,704.96	\$ -	-	International Pharmacy PS	
OS	City of York				0				12/18/2023	Otezla	56	30mg	112	\$ 8,675.74	\$ 2,999.98	\$ 49.99	\$ -	TRUE	\$ 3,049.97	\$ -	-	International Pharmacy PS	
OS	City of York				0				12/12/2023	Skyrizi	84	150mg/ml	1	\$ 17,028.23	\$ 5,999.99	\$ 250.00	\$ -	TRUE	\$ 6,249.99	\$ -	-	International Pharmacy PS	
OS	City of York				0				12/6/2023	Breztri	90	160-9-4.8mcg	32.1	\$ 1,787.53	\$ 549.90	\$ 49.99	\$ 190.00	TRUE	\$ 789.89	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/1/2023	Xeljanz	60	5mg	120	\$ 9,820.70	\$ 3,603.98	\$ 49.99	\$ -	TRUE	\$ 3,653.97	\$ -	-	International Pharmacy PS	
OS	City of York				0				12/8/2023	Jardiance	90	25mg	90	\$ 1,678.80	\$ 299.99	\$ 25.00	\$ 190.00	TRUE	\$ 514.99	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/27/2023	Norditropin FlexPro	60	5mg/1.5mg	15	\$ 22,994.00	\$ 2,999.90	\$ 249.99	\$ -	TRUE	\$ 3,249.89	\$ -	-	International Pharmacy PS	
OS	City of York				0				12/4/2023	Eliquis	90	2.5mg	180	\$ 2,434.43	\$ 449.99	\$ 49.99	\$ 190.00	TRUE	\$ 689.98	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/18/2023	Myrbetriq	90	50mg	90	\$ 1,487.00	\$ 249.99	\$ 25.00	\$ 190.00	TRUE	\$ 464.99	\$ -	-	International Pharmacy IA	
OS	City of York				0				12/1/2023	Januvia	90	50mg	90	\$ 1,497.14	\$ 379.99	\$ 49.99	\$ 190.00	TRUE	\$ 619.98	\$ -	-	International Pharmacy IA	

EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
2/1/2023	1053

PAID
02/21/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		2/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,039	Scripts	January 2023 scripts	7.50	7,792.50
1	Domestic Scripts	Domestic pharmacy	4,129.00	4,129.00

Total			\$11,921.50
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
3/1/2023	1104

PAID
03/03/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		3/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,006	Scripts	February 2023 scripts	7.50	7,545.00
1	International Scripts	International pharmacy	25,457.79	25,457.79
1	Sourcing fee	Sourcing fees	900.00	900.00

Total			\$33,902.79
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
4/1/2023	1234

PAID
04/16/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		4/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,089	Scripts	March 2023 scripts	7.50	8,167.50
1	International Scripts	International pharmacy	9,869.92	9,869.92
1	Sourcing fee	Sourcing fee	190.00	190.00

Total			\$18,227.42
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
5/1/2023	1304

PAID
05/20/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		5/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,081	Scripts	April 2023 scripts	7.50	8,107.50
1	Domestic Scripts	Domestic pharmacy	4,129.00	4,129.00
1	International Scripts	International pharmacy	9,695.76	9,695.76
1	Sourcing fee	Sourcing fees	1,195.00	1,195.00
1	JCode	JCode international	748.99	748.99

Total			\$23,876.25
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
6/1/2023	1458

Bill To
City of York

PAID
09/19/2023

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		6/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,214	Scripts	May 2023 scripts	7.50	9,105.00
1	Domestic Scripts	Domestic pharmacy	3,880.00	3,880.00
1	International Scripts	International pharmacy	23,381.84	23,381.84
1	Sourcing fee	Sourcing fees	570.00	570.00

Total			\$36,936.84
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
7/1/2023	1523

PAID
08/02/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		7/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,110	Scripts	June 2023 scripts	7.50	8,325.00
1	International Scripts	International pharmacy	34,693.68	34,693.68
1	Sourcing fee	Sourcing fees	825.00	825.00

Total			\$43,843.68
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
8/1/2023	1632

PAID
11/02/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		8/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,104	Scripts	July 2023 scripts	7.50	8,280.00
1	Domestic Scripts	Domestic pharmacy	249.00	249.00
1	International Scripts	International pharmacy	15,096.63	15,096.63
1	Sourcing fee	Sourcing fees	1,415.00	1,415.00

Total			\$25,040.63
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
9/1/2023	1773

Bill To

City of York

PAID
11/01/2023

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		9/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,173	Scripts	August 2023 scripts	7.50	8,797.50
1	International Scripts	International pharmacy	32,993.66	32,993.66
1	Sourcing fee	Sourcing fees	1,290.00	1,290.00
1	International Scripts	International pharmacy - 3/1/23	1,851.98	1,851.98

			Total	\$44,933.14
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
10/1/2023	1875

Bill To

City of York

PAID
11/02/2023

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		10/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,116	Scripts	September 2023 scripts	7.50	8,370.00
1	International Scripts	International pharmacy	12,829.78	12,829.78
1	Sourcing fee	Sourcing fees	1,260.00	1,260.00

Total			\$22,459.78
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
11/1/2023	1968

PAID
11/22/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 25		11/1/2023			

Quantity	Item Code	Description	Price Each	Amount
1,197	Scripts	October 2023 scripts	7.50	8,977.50
1	Domestic Scripts	Domestic pharmacy	3,880.00	3,880.00
1	International Scripts	International pharmacy	32,380.44	32,380.44
1	Sourcing fee	Sourcing fees	1,330.00	1,330.00

Total			\$46,567.94
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
12/19/2023	2190

PAID
12/22/2023

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		12/19/2023			

Quantity	Item Code	Description	Price Each	Amount
1,189	Scripts	November 2023 scripts	7.50	8,917.50
1	International Scripts	International pharmacy	14,372.91	14,372.91
2	Sourcing fee	Sourcing fees	190.00	380.00

Total			\$23,670.41
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
1/11/2024	2221

Bill To

City of York

PAID
02/23/2024

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		1/1/2024			

Quantity	Item Code	Description	Price Each	Amount
1,098	Scripts	December 2023 scripts	7.50	8,235.00
1	International Scripts	International pharmacy	21,593.55	21,593.55
1	Sourcing fee	Sourcing fees	1,330.00	1,330.00

			Total	\$31,158.55
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
2/13/2024	2383

PAID
02/23/2024

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		2/13/2024			

Quantity	Item Code	Description	Price Each	Amount
1,151	Scripts	January 2024 scripts	10.00	11,510.00
1	International Scripts	International pharmacy	29,290.58	29,290.58
1	Sourcing fee	Sourcing fees	1,870.00	1,870.00

Total			\$42,670.58
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
3/7/2024	2483

Bill To

City of York

PAID
03/23/2024

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		3/7/2024			

Quantity	Item Code	Description	Price Each	Amount
1,038	Scripts	February 2024 scripts	10.00	10,380.00
1	International Scripts	International pharmacy	10,302.66	10,302.66
1	Sourcing fee	Sourcing fees	1,090.00	1,090.00

			Total	\$21,772.66
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
4/12/2024	2719

Bill To

City of York

PAID
04/19/2024

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		4/12/2024			

Quantity	Item Code	Description	Price Each	Amount
1,126	Scripts	March 2024 scripts	10.00	11,260.00
1	International Scripts	International pharmacy	33,373.71	33,373.71
1	Sourcing fee	Sourcing fees	1,380.00	1,380.00
1	JCode	JCode PAP	3,034.49	3,034.49

			Total	\$49,048.20
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
5/10/2024	2744

Bill To

City of York

PAID
05/17/2024

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		5/10/2024			

Quantity	Item Code	Description	Price Each	Amount
1,131	Scripts	April 2024 scripts	10.00	11,310.00
1	International Scripts	International pharmacy	22,819.72	22,819.72
1	Sourcing fee	Sourcing fees	1,730.00	1,730.00

			Total	\$35,859.72
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
6/7/2024	2877

PAID
06/17/2024

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		6/7/2024			

Quantity	Item Code	Description	Price Each	Amount
1,209	Scripts	May 2024 scripts	10.00	12,090.00
1	International Scripts	International pharmacy	23,560.61	23,560.61
1	Sourcing fee	Sourcing fees	1,660.00	1,660.00
1	JCode	JCode Secondary Insurance	3,034.49	3,034.49

Total			\$40,345.10
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
7/10/2024	3018

Bill To
City of York

PAID
08/19/2024

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		7/10/2024			

Quantity	Item Code	Description	Price Each	Amount
1,045	Scripts	June 2024 scripts	10.00	10,450.00
1	International Scripts	International pharmacy	29,049.53	29,049.53
1	Sourcing fee	Sourcing fees	1,450.00	1,450.00

Total			\$40,949.53
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
8/1/2024	3154

PAID
08/12/2024

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		8/1/2024			

Quantity	Item Code	Description	Price Each	Amount
1,124	Scripts	July 2024 scripts	10.00	11,240.00
1	International Scripts	International pharmacy	7,654.86	7,654.86
1	Sourcing fee	Sourcing fees	1,280.00	1,280.00
1	JCode	JCode Secondary Insurance	3,034.49	3,034.49

Total			\$23,209.35
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
9/10/2024	3299

PAID
09/22/2024

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		9/10/2024			

Quantity	Item Code	Description	Price Each	Amount
1,095	Scripts	August 2024 scripts	10.00	10,950.00
1	International Scripts	International pharmacy	21,349.56	21,349.56
1	Sourcing fee	Sourcing fees	1,380.00	1,380.00

Total			\$33,679.56
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EPLS, LLC

2250 Erin Court
Lancaster, PA 17601

Invoice

Date	Invoice #
10/9/2024	3504

Bill To
City of York

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/9/2024			

Quantity	Item Code	Description	Price Each	Amount
1,183	Scripts	September 2024 scripts	10.00	11,830.00
1	International Scripts	International pharmacy	16,439.78	16,439.78
1	Sourcing fee	Sourcing fees	1,420.00	1,420.00
1	JCode	JCode Secondary insurance	3,034.49	3,034.49

Total			\$32,724.27
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