






Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

Phone: 502-869-8000
Fax: 502-543-3608
www.bullittschools.org

Memo

To: Jesse Bacon 

From: Lesa Howell  

Date: September 14, 2021

Re: Walgreens Pharmacy- Vaccinations

Please present this opportunity for the Bullitt County Public Schools to work with Walgreens Pharmacy at the September 27, 2021 Board meeting. If approved, the Superintendent/designee will need to go online to execute the agreement. They will offer the flu vaccination and any other vaccines the employee might request during the month of October. These services will take place before or after school hours and possibly midday during the lunches at each school campus, central office and bus compound. Attached you will find the Certificate of Liability Insurance and a copy of the immunization agreement. All have been reviewed and approved by Eric Farris.



IMMUNIZATION SERVICE AGREEMENT

This **IMMUNIZATION SERVICE AGREEMENT** ("Agreement") by and between the party indicated below ("**Client**"), and Walgreen Co., on behalf of itself and its subsidiaries and affiliates ("**Walgreens**") is made and entered into on the date last signed by an authorized representative of both the Client and Walgreens (the "**Effective Date**"). Walgreens and Client may be individually referred to as a "**Party**" or collectively as the "**Parties**."

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Client and Walgreens, hereby agree Walgreens will provide the immunizations indicated in Attachment A, attached hereto and incorporated herein, consisting of dispensing and administering of such immunizations ("**Immunizations**") to a participant population agreed to by the parties ("**Participants**") at mutually agreed upon location(s).

ATTACHMENT A

ARTICLE 1

1.1 In accordance with the Agreement, for each Immunization administered whether through a Voucher or at an Off-Site Clinic(s), Walgreens will be entitled to reimbursement at the rates set forth in Table 1, below. Client acknowledges that the fees and rates set forth in the Agreement are Walgreens' Confidential Information and Client agrees not to disclose this information to any third-party other than as minimally necessary under the terms of this Agreement. Unless otherwise indicated below, the rates listed in Table 1 are inclusive of the cost of vaccine, dispensing fee, administration fee and any applicable taxes imposed in connection with Immunizations.

Table 1

Immunization	Payment	Rate
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	N/A
Influenza - High Dose (65+)	Submit Claims to Insurance	N/A
Pneumovax 23	Submit Claims to Insurance	N/A
Prevnar 13	Submit Claims to Insurance	N/A
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	N/A
Herpes Zoster (Shingrix)	Submit Claims to Insurance	N/A

ARTICLE II

OFF-SITE CLINIC MINIMUMS

2.1 Client guarantees that the average minimum of Immunizations set forth in Table 2 will be administered to Participants at each of Client's Off-Site Clinic locations per contract year ("**Site Minimum**"). If the Site Minimum is not achieved for the contract year (determined by taking the total number of Immunizations administered at all Off-Site Clinics divided by the number of Off-Site Clinics locations in such contract year ("**Site Average**")), at Walgreens' discretion, Walgreens will invoice Client a fee for the difference between the Site Minimum and Site Average multiplied by the number of Off-Site Clinics. The sum of which will be

multiplied by the lowest reimbursement rate set forth in Table 1 in Attachment A and Client shall pay such amount within 30 days of being invoiced by Walgreens. Fees related to this paragraph will be billed directly to Client and will not be used by either Party for billing to Third Party Payors.

Table 2

Site Minimum

25

Clinic Location: A

Location: Mt. Washington Middle School, 269
Water Street
Mt Washington, KY 40047

Date: 09/27/2021
Time: 7:00 am - 8:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: B

Location: Crossroads Elementary School, 156
Erin Circle
Mt Washington, KY 40047

Date: 09/27/2021
Time: 8:00 am - 9:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: C

Location: Old Mill Elementary School, 11540
Highway 44 East
Mt Washington, KY 40047

Date: 09/27/2021
Time: 9:30 am - 10:30
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1

Immunization	Payment	Est. Shots
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: D

Location: Bullitt East High School, 11450
Highway 44 East
Mt Washington, KY 40047

Date: 09/27/2021
Time: 10:30 am - 12:00
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: E

Location: Pleasant Grove Elementary, 6415
Highway 44 East
Mt Washington, KY 40047

Date: 09/27/2021
Time: 1:30 pm - 2:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: F

Location: Brooks Elementary School, 1430
Brooks Hill Road
Brooks, KY 40109

Date: 09/27/2021
Time: 3:00 pm - 4:00
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: G

Location: Bullitt Lick Middle School, 555 West
Blue Lick Road
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 7:00 am - 8:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: H

Location: Shepherdsville Elementary School, 527
West Blue Lick Road
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 8:00 am -
9:00 am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: I

Location: Transportation, 1148 C Highway 44
East
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 9:30 am - 11:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: J

Location: Cedar Grove Elementary, 1900 Cedar
Grove Road
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 11:00 am -
12:30 pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: K

Location: Bullitt Central High School, 1330
Highway 44 East
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 1:30 pm - 2:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1

Immunization	Payment	Est. Shots
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: L

Location: Bernheim Middle School, 700
Audubon Drive
Shepherdsville, KY 40165

Date: 09/28/2021
Time: 2:30 pm - 3:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: M

Location: Lebanon Junction Elementary, 10920
South Preston Highway
Lebanon Junction, KY 40150

Date: 09/28/2021
Time: 3:30 pm -
4:30 pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: N

Location: Hebron Middle School, 3000 East
Hebron Lane
Shepherdsville, KY 40165

Date: 09/29/2021
Time: 7:00 am - 8:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: O

Location: Freedom Elementary School, 4682
North Preston Highway
Shepherdsville, KY 40165

Date: 09/29/2021
Time: 8:00 am -
9:00 am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: P

Location: Overdale Elementary School, 651
Overdale Drive
Shepherdsville, KY 40165

Date: 09/29/2021
Time: 9:30 am - 10:30
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: Q

Location: North Bullitt High School, 3200 East
Hebron Lane
Shepherdsville, KY 40165

Date: 09/29/2021
Time: 11:00 am -
12:30 pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: R

Location: Maryville Elementary School, 4504
Summers Drive
Louisville, KY 40229

Date: 09/29/2021
Time: 1:30 pm - 2:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: S

Location: Central Office , 1040 Highway 44
East
Shepherdsville, KY 40165

Date: 09/29/2021
Time: 3:00 pm - 4:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20

Immunization	Payment	Est. Shots
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1

Clinic Location: T

Location: Eastside Middle School, 6925
Highway 44 East
Mt Washington, KY 40047

Date: 09/30/2021
Time: 7:00 am - 8:00
am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: U

Location: Mt Washington Elementary School,
9234 Highway 44 East
Mt Washington, KY 40165

Date: 09/30/2021
Time: 8:00 am -
9:00 am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: V

Location: Riverview/BAC/Technology, 383
Highschool Drive
Shepherdsville, KY 40165

Date: 09/30/2021
Time: 9:30 am -
10:30 am

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: W

Location: Nichols Elementary School, 10665
Highway 44 West
West Point, KY 40177

Date: 09/30/2021
Time: 11:00 am -
12:00 pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: X

Location: Roby Elementary School, 1148
Highway 44 East
Shepherdsville, KY 40165

Date: 09/30/2021
Time: 1:30 pm - 2:30
pm

Contact: Lesa Howell
Phone: (502) 869-8000
Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Prevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

Clinic Location: Y

Location: Zoneton Middle School, 797 Old
Preston Highway North
Shepherdsville, KY 40165

Date: 09/30/2021 **Contact:** Lesa Howell
Time: 3:00 pm - 4:00 pm **Phone:** (502) 869-8000
 Email: lesa.howell@bullitt.kyschools.us

Immunization	Payment	Est. Shots
Influenza - Standard Injectable Quadrivalent	Submit Claims to Insurance	20
Pneumovax 23	Submit Claims to Insurance	1
Pevnar 13	Submit Claims to Insurance	1
TDAP (Boostrix, Adacel)	Submit Claims to Insurance	1
Herpes Zoster (Shingrix)	Submit Claims to Insurance	1
Influenza - High Dose (65+)	Submit Claims to Insurance	1

For questions regarding this agreement please contact:

Name: Kristi Zimmerman
Email: rxm.18999@store.walgreens.com
Phone: (502) 418-8953

IN WITNESS WHEREOF, Client and Walgreens have executed this Agreement.

Business Name: Bullitt County Public Schools
Name: lesa howell
eSig:
Title: District Health Coordinator
Date: 09/14/2021

WALGREEN CO.
Name: Kristi Zimmerman
eSig: *Kristi Zimmerman*
Title: Pharmacy Manager
Date: 08/27/2021

Send Legal Notice To Client At:

Attn: Lesa Howell, RN
1040 Highway 44 east
Louisville, KY 40291

Send Legal Notice To Walgreens At:

Walgreen Co.
104 Wilmot Road, MS 1446
Deerfield, IL 60015
Attn: Managed Markets Legal (flu/covid-combo)

Send Via Email To:

HealthLawLegalNotices@walgreens.com

WALGREENS COMMUNITY OFF-SITE CLINIC AGREEMENT

TERMS AND CONDITIONS

I. WALGREENS' RESPONSIBILITIES

1.1 Immunizations. Subject to the limitations or restrictions imposed by federal and state contracts, laws, and regulations, and the availability of the appropriate Immunization, Walgreens will administer the Immunizations to Participants either directly or through an authorized provider. With respect to such Immunizations, the Parties will comply with the procedures set forth herein. When required by state law, Walgreens will require Participants to provide a valid prescription from their physician or allow the health care professional to contact their physician to obtain a valid prescription; however, for certain specific Immunizations, Walgreens may be responsible for obtaining standing orders from physicians. Participants will be required to complete a Walgreens' vaccine administration record and consent form before receiving an Immunization.

1.2 Professional Judgment. Walgreens may withhold administration of Immunizations to a Participant for good cause, including but not limited to, Client's or Participant's (where applicable) failure to pay for Immunization, requests by Participant for services inconsistent with the legal and regulatory requirements; or where, in the professional judgment of the health care professional, the services should not be rendered.

1.3 Provision of Healthcare Professional. If the Parties agree in writing that Walgreens will administer Immunizations at locations outside of Walgreens' store locations ("Off-Site Clinics"), Walgreens will provide Client with the appropriate number of qualified health care professionals and technicians to provide such immunizations at the Off-Site Clinic locations based upon and in reliance on Client's good-faith estimates of Participant volume. Any requests for additional personnel will be subject to mutual agreement by the Parties and may require additional agreed-upon fees to be paid by Client to Walgreens in accordance with this Agreement.

II. CLIENT'S RESPONSIBILITIES

2.1 Vouchers. If the Parties agree in writing that Walgreens will administer Immunizations upon receipt of a Walgreens' approved voucher issued to Participants by Client ("Vouchers"), Client will provide Participants with a Voucher, which Participants may redeem at a participating Walgreens store location. Once the voucher is approved by both Parties it may not be modified. Client may not rescind, retract, reduce or deny payment owed to Walgreens for claims where Immunizations were provided to its Participants, even if Client no longer considers the individual presenting the Voucher to be a Participant.

2.2 Off-Site Clinic Locations. If the Parties agree in writing, that Walgreens will administer Immunizations at Off-Site Clinics, Client will provide Participants with notice of the dates, times and locations for such Off-Site Clinics. For all Off-Site Clinics, Client will provide a private, clean room location, tables and chairs for Walgreens' personnel and Participants. Where applicable, Client agrees to assist Walgreens in the collection of Participants' Third Party Payors (defined below) eligibility information and any additional reasonably requested information, in order to help expedite the delivery of Immunizations.

2.3 Eligible Participants. The Parties acknowledge specific populations may have been designated by the applicable Federal, State, or local authorities ("Jurisdiction") to be eligible for certain Immunizations. Client represents Participants receiving Immunizations under this Agreement are eligible to receive Immunizations based on the applicable Jurisdiction's requirements and at no time will Client allow a Participant to receive Immunizations under this Agreement until eligible under the applicable Jurisdiction's criteria. The Parties agree that when providing Immunizations, Walgreens will act in good faith reliance as it relates to Client's determination of Participants' eligibility in each Jurisdiction.

III. PAYMENT AND BILLING

3.1 Payment. For Immunizations (listed in Attachment A), Walgreens will invoice Client for said immunizations (including any applicable fees as listed in Attachment A) and Client agrees to reimburse Walgreens within thirty (30) days from receipt of the applicable monthly invoice at the remittance address located on the invoice. However, in the event the Parties agree in writing and where: (i) Participant provides evidence of coverage under third-party insurance or a government funded program (e.g., Medicare) ("Third Party Payor") prior to the provision of Immunizations; and (ii) Walgreens is contracted with that Third Party Payor, Walgreens, unless otherwise stated herein will submit the claim for Immunizations to that Participant's Third Party Payor, and any copayment, coinsurance, deductible owed by the Participant will be collected at the time of service or billed at a later date. If evidence of coverage

under a Third Party Payor is not provided at the time of service or a claim for reimbursement is denied by a Third Party Payor, the Parties agree that Walgreens may seek reimbursement from the Client.

3.2 Late Payment. All sums owed by Client to Walgreens will bear interest of 1.5% per month from the date payment is due until paid; however, in no event will such interest rate be greater than the rate permitted by law. Client shall be solely responsible for any and all costs incurred by Walgreens in seeking collection of any delinquent amounts owed by Client. Walgreens may invoice Client for interest and costs due under this Section on a monthly basis and payment will be due within thirty (30) days from receipt.

IV. TERM AND TERMINATION

4.1 Term and Termination. This Agreement will become effective on the Effective Date and shall continue in full force and effect for an initial term of one (1) year. Upon expiration of the initial term, this Agreement will automatically renew for successive one (1) year terms at the then current Walgreens rates in effect for Immunizations, which will be made available upon request. Either Party may terminate this Agreement at any time without cause by giving at least thirty (30) days' prior written notice to the other Party.

4.2 Effect of Termination. Termination will have no effect upon the rights or obligations of the Parties arising out of any transactions occurring prior to the effective date of such termination.

4.3 Waiver. No waiver by either Party with respect to any breach or default of any right or remedy and no course of dealing may be deemed to constitute a continuous waiver of any other breach or default or of any other right or remedy unless such waiver is expressed in writing by the Party to be bound.

V. INSURANCE AND INDEMNIFICATION

5.1 Insurance. Each Party will self-insure or maintain at its sole expense, and in amounts consistent with industry standards, insurance for general and professional liability and such other insurance as may be necessary to insure the Party, its employees, and agents against any claim or claims for damages arising out of or in connection with its duties and obligations under this Agreement. Upon request from Walgreens, Client will provide a memorandum of insurance or certificate of insurance. Walgreens' insurance information is available at www.walgreens.com/insurance.

5.2 Indemnification. To the extent permitted by law, each Party will indemnify, defend, and hold harmless the other Party, including its employees and agents, from and against any and all third-party claims or liabilities arising from the negligence or wrongful act of the indemnifying Party, its employees, or agents in carrying out its duties and obligations under the terms of this Agreement. EXCEPT FOR ANY EXPRESS WARRANTIES SET FORTH IN THIS AGREEMENT, THE PARTIES HEREBY DISCLAIM ANY IMPLIED WARRANTIES OF ANY KIND, INCLUDING WARRANTY OF MERCHANTABILITY, AND FITNESS FOR A PARTICULAR PURPOSE. In no event shall either Party be liable to the other Party for any indirect, special, or consequential damages or lost profits, 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 or lost profits. This Section will survive the termination of this Agreement. Notwithstanding the foregoing, the Parties agree that Walgreens is not liable for activities covered by the Public Readiness and Emergency Preparedness (PREP) Act, and the foregoing obligations of indemnity shall not apply to Walgreens for any claims or liabilities arising out of activities covered by the PREP Act or any other applicable laws related to vaccines and/or health care providers. This Section will survive the termination of this Agreement.

VI. GENERAL TERMS

6.1 Business Confidentiality. The Parties acknowledge that certain proprietary and/or technical and business information may be disclosed between the Parties ("Confidential Information"). Accordingly, each Party will maintain the confidentiality of all such Confidential Information, including, without limitation, implementing those precautions such Party employs with respect to its own proprietary and Confidential Information and disclosing Confidential Information only to those employees who have a need to know in order to effectuate the purpose(s) of this Agreement and to maintain compliance with applicable laws. In no event will either Party use the other Party's Confidential Information to benefit itself or others, except as otherwise not prohibited under this Agreement. Confidential Information shall not include information: (i) generally known to the public or the industry without breach of this Agreement; (ii) independently developed by the

receiving Party; (iii) known to or in the possession of the receiving Party prior to the disclosure pursuant to this Agreement; (iv) disclosed to the receiving Party by a third party without the confidentiality obligations set forth herein; or (v) required to be disclosed by any court or government agency; provided however, to the extent allowed by law, the receiving Party shall provide written notice of such planned disclosure to the disclosing Party allowing reasonable time for the disclosing Party to raise any objections to such disclosure. This Section will survive the termination of this Agreement.

6.2 Confidentiality of Protected Health Information. Both Parties warrant that they will maintain and protect the confidentiality of all individually identifiable health information specifically relating to Participants in accordance with the Health Insurance Portability and Accountability Act of 1996 and all applicable federal and state laws and regulations. However, nothing herein will limit either Party's use of any de-identified Participant information. This Section will survive the termination of this Agreement.

6.3 Advertising. Neither Party may advertise or use any trademarks, service marks, or symbols of the other Party without first receiving the written consent of the Party owning the mark and/or symbol with the following exceptions: Client may use the name and the addresses of Walgreens' locations in materials to inform Participants that Walgreens provides Immunizations. Any other reference to Walgreens in any Client materials must be pre-approved, in writing, by Walgreens.

6.4 Force Majeure. The performance by either Party hereunder will be excused to the extent of circumstances beyond such Party's reasonable control, such as flood, tornado, earthquake, or other natural disaster, epidemic, pandemic, war, material destruction of facilities, fire, acts of terrorism, acts of God, etc. In such event, the Parties will use their best efforts to resume performance as soon as reasonably possible under the circumstances.

6.5 Compliance. The Parties will comply with all applicable laws, rules, and regulations for each territory in which Immunizations are provided under this Agreement. Each Party will cooperate with reasonable requests by the other Party for information that is needed for its compliance with applicable laws, rules, and/or regulations.

6.6 Assignment. Neither Party may assign this Agreement to a third-party without the prior written consent of the other Party, except that either Party will have the right to assign this Agreement to any direct or indirect parent, subsidiary or affiliated company or to a successor company without such consent. Any permitted assignee will assume all obligations of its assignor under this Agreement. No assignment will relieve any Party of responsibility for the performance of any obligations which have already occurred. This Agreement will inure to the benefit of and be binding upon each Party, its respective successors and permitted assignees.

6.7 Notices. All notices provided for herein must be in writing, sent by U.S. certified mail, return receipt requested, postage prepaid, or by overnight delivery service providing proof of receipt to the address set forth following the signature blocks. Notices will be deemed delivered upon receipt or upon refusal to accept delivery.

6.8 Entire Agreement and Pricing Updates. This Agreement, which includes any and all attachments, exhibits, riders, and other documents referenced herein, constitutes the entire and full agreement between the Parties relating to the subject matter herein and supersedes any previous contract, for which the signatories are authorized to sign for, and except as otherwise permitted hereunder, no changes, amendments, or alterations will be effective unless reduced to a writing signed by a representative of each Party. Any prior agreements, documents, understandings, or representations relating to the subject matter of this Agreement not expressly set forth herein or referred to or incorporated herein by reference are of no force or effect.

6.9 Counterparts. This Agreement may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument, provided that each Party has received the other Party's executed instruments. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a ".pdf" format data file (or similar format however designated), such signature shall create a valid and binding obligation of the Party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or ".pdf" signature page were an original thereof.

MEMORANDUM OF LIABILITY INSURANCE

Current as of:
July 1, 2021

PRODUCER

Willis Towers Watson Midwest, Inc. fka Willis Of Illinois, Inc.
c/o 26 Century Blvd
Nashville, TN 37230-5191
United States of America

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON ANY RECIPIENT OF THIS MEMORANDUM. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. ANY USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.

INSURED

Walgreens Boots Alliance, Inc. and its
Subsidiary Companies
300 Wilmot Road, MS# 3228
Deerfield, IL 60015-5223
United States of America

COMPANIES AFFORDING COVERAGE

NAIC

COMPANY A	ZURICH AMERICAN INSURANCE COMPANY	16535
COMPANY B	AMERICAN ZURICH INSURANCE COMPANY	40142
COMPANY C	SELF INSURANCE	
COMPANY D		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
					LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	GENERAL LIABILITY	GLO 9310091-18 GLO 9310184-18 (Puerto Rico)	7/1/2021 7/1/2021	7/1/2022 7/1/2022	GENERAL AGGREGATE	\$ 10,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PERSONAL & ADV INJURY	\$ 10,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> Blanket Additional Insured				FIRE DAMAGE (Any One Fire)	\$ 500,000
	<input checked="" type="checkbox"/> Per Policy				MED EXP (Any One Person)	\$ 0
	<input checked="" type="checkbox"/> Blanket Contractual Liability					\$
A	AUTOMOBILE LIABILITY	BAP 9310096-18 BAP 9310183-18 (Puerto Rico)	7/1/2021 7/1/2021	7/1/2022 7/1/2022	COMBINED SINGLE LIMIT	\$ 10,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				PER CLAIM	\$
	<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE	\$
	EXCESS LIABILITY				PER CLAIM	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
B A A	WORKERS COMPENSATION/EMPLOYERS LIABILITY	WC 9310092-18 (AOS) WC 9310094-18 (WI) EWS 9310448-18 (MA)	7/1/2021	7/1/2022	WORKERS COMPENSATION LIMITS	STATUTORY
	PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				EL EACH ACCIDENT	\$ 2,000,000
					EL DISEASE - POLICY LIMIT	\$ 2,000,000
					EL DISEASE - EACH EMPLOYEE	\$ 2,000,000
					EACH OCCURRENCE	\$ 10,000,000
C	PRODUCT LIABILITY	Self-Insured	7/1/2021	7/1/2022	AGGREGATE	\$ 10,000,000

ADDITIONAL INFORMATION

OWNERS/LESSORS/LANDLORDS AND THEIR RESPECTIVE AGENTS, LENDERS, MORTGAGEES, GROUND LESSORS, VENDORS, CUSTOMERS, CLIENTS, AND ANY OTHER PARTIES ARE AUTOMATICALLY ADDED AS ADDITIONAL INSURED AND/OR LOSS PAYEE AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

THE ABOVE POLICIES INCLUDE AN AUTOMATIC WAIVER OF SUBROGATION AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.