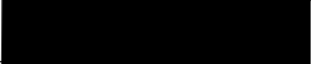


## STATE OF ILLINOIS CONTRACT AMENDMENT


The undersigned Agency and Vendor, Wexford Health Sources, Inc., (the Parties) agree that the following shall amend the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**VENDOR**

Vendor Name: Wexford Health Sources, Inc.	Address: 501 Holiday Drive, Pittsburgh, PA 15220
Signature: 	Phone: 412-937-8590
Printed Name: John Froehlich	Fax: 412-937-8599
Title: Sr VP Finance and C.F.O.	Email: jfroehlich@wexfordhealth.com
Date: July 30, 2021	

**STATE OF ILLINOIS**

Procuring Agency: IL. Dept of Corrections	Phone: 217-558-2200
Street Address: 1301 Concordia Court	Fax: 217-558-2203
City, State ZIP: Springfield, IL 62702	
Official Signature: 	Date: 7/30/2021
Printed Name: Rob Jeffreys / Jared Brunk	
Official's Title: Director / CFO	
Legal Signature:	Date:
Legal Printed Name: Click here to enter text.	
Legal's Title: Click here to enter text.	
Fiscal Signature:	Date:
Fiscal's Printed Name: Click here to enter text.	
Fiscal's Title: Click here to enter text.	

**STATE USE ONLY**

**NOT PART OF CONTRACTUAL PROVISIONS**

PBC# 021-426DOC-CENTO-B-22190		Project Title: Healthcare Services	
Contract #		Procurement Method (IFB, RFP, Small, etc):EMERGENCY	
IPB Ref. #		IPB Publication Date:	Award Code:
Subcontractor Utilization? X Yes <input type="checkbox"/> No		Subcontractor Disclosure? X Yes <input type="checkbox"/> No	
Funding Source		Obligation #	
<u>CPO 33 – General Counsel Approval:</u>			
Signature	Printed Name		Date

1. **CONTRACT DESCRIPTION** (including Original Purchase Order or Contract Number): Statewide Healthcare Services at all Illinois Department of Correction Locations. 021-426DOC-CENTO-B-22190

2. **CHANGE ORDER:** Is this amendment a change order as defined in 30 ILCS 500/1-15.12 and 720 ILCS 5/33E?

Yes  No

3. **DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

3.1. The completion date will be  extended,  shortened or  remain the same.

3.1.1. Original completion date: July 30, 2021

3.1.2. Revised completion date: July 30, 2022

3.2. The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will  stay the same or  change as follows:

3.3. The cost will be  increased,  decreased or  remain the same.

3.3.1. Original cost: \$40,000,000.00

3.3.2. Amount of change: \$148,900,000.00

3.3.3. Revised cost: \$188,900,000.00

3.4. The supplies or services to be provided will  stay the same or  be changed as follows:

3.5. Subcontractors are being  added,  deleted, or  remain the same?

- Subcontractor Name: **Affinity Pharmacy Care, LLC**

added  deleted

Amount to be paid: \$17,172,000

Address: 285 W Loop Rd., Suite 1, Wheaton, IL 60189

Description of work: Pharmacy Services and Supplies

- Subcontractor Name: **Jubilee Medical Services PLLC**

added  deleted

Amount to be paid: \$300,000

Address: 1375 E Schaumburg Rd Ste 100, Schaumburg, IL 60194

Description of work: Services

- Subcontractor Name: **Professional Management Enterprise, Inc.**

added  deleted

Amount to be paid: \$5,265,000

Address: 9245 North Meridian Street Suite 210, Indianapolis, IN 46260

Description of work: Services and Supplies

- Subcontractor Name: **Precise Specialties, Corp**

added  deleted

Amount to be paid: \$606,000

Address: 524 South Main PO Box 572, Hillsboro, IL 62049

Description of work: Supplies & Services

- Subcontractor Name: **MidCentral Medical, Inc.**

added  deleted

Amount to be paid: \$1,680,000

Address: PO Box 446 , Verdin, IL 62690

Description of work: Supplies & Services

- Subcontractor Name: **Chardonnay Dialysis, LLC**

added  deleted

Amount to be paid: \$1,560,000

Address: 807 W Fairchild Street, Danville, IL 61832.

Description of work: Services

- Subcontractor Name: **Target Office Products**

added  deleted

Amount to be paid: \$120,000

Address: 605 Parkwayview Drive, Pittsburgh, PA 15205

Description of work: Supplies

- Subcontractor Name: **Comfort Care Medical Supply, Inc.**

added  deleted

Amount to be paid: \$84,000

Address: 258 Farmdale Rd, East Peoria, IL 61611

Description of work: Supplies

- Subcontractor Name: **ProAlliance Corp**

added  deleted

Amount to be paid: \$48,000

Address: 300 West Front Street, Suite 203K, PO Box 404, Harvard, IL 60033

Description of work: Supplies

- Subcontractor Name: **3R Healthcare**

added  deleted

Amount to be paid: \$1,000,000

Address: 2751 W. 51<sup>st</sup> Street, Chicago, IL 60632

Description of work: Services & Supplies

- Subcontractor Name: **CarePath**

added  deleted

Amount to be paid: \$500,000

Address: 8956 66<sup>th</sup> Street SE, Alto, MI 49302

Description of work: Services

- 3.5.1. All contracts with the subcontractors identified above must include the Standard Certifications and Financial Disclosures and Conflicts of Interest completed and signed by the subcontractor.
- 3.5.2. If the annual value of any of the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

- 3.5.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.
- 3.5.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

**4. EFFECTIVE DATE OF AMENDMENT:** Upon date of final signature.

**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: John Froehlich

Business Name: Wexford Health Sources, Inc.

Taxpayer Identification Number:


Social Security Number:

or

Employer Identification Number : 65-0426950

Legal Status (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Individual   | <input type="checkbox"/> Governmental  |
| <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation   | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt   | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation   |
|   | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: 

Date: July 30, 2021

