AMENDMENT TO CONTRACT Pharmacy Services for General Assistance Clients RFP No. 18-025 Lancaster County Renewal Genoa Healthcare, LLC

This Amendment is hereby entered into by and between Genoa Healthcare, LLC, 3140 Neil Armstrong Blvd, Ste. 110, Eagan, MN 55121 (hereinafter "Contractor") and Lancaster County, (hereinafter "County"), for the purpose of amending the Contract dated April 22, 2018, under County Contract No. C-18-0230 for Annual Services Pharmacy Services for General Assistance Clients, RFP No. 18-025, which is made a part hereof by this reference.

WHEREAS, the original term of the Contract is May 22, 2018 through April 16, 2019, with the option to renew for five (5) additional one (1) year terms upon written mutual consent of both parties; and

WHEREAS, the parties hereby renew the Contract for an additional one (1) year term beginning April 17, 2019 through April 16, 2020; and

WHEREAS, the expenditures for Lancaster County for the term of this renewal will combine all contracts awarded for a total estimated at \$385,000.00; and

NOW, THEREFORE, IN CONSIDERATION of the mutual covenants contained in County Contract No. C-18-0230, and stated herein the parties agree as follows:

- 1) The parties hereby renew the Contract for an additional one (1) year term beginning April 17, 2019 through April 16, 2020.
- 2) The expenditures for Lancaster County for the term of this renewal will combine all contracts awarded for a total estimated at \$385,000.00.
- 3) All other terms of the Contract, not in conflict with this Amendment, shall remain in full force and effect.

The Parties do hereby agree to all the terms and conditions of this Amendment. This Amendment shall be binding upon the parties, their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Parties do hereby execute this Amendment upon completion of signatures on:

Vendor Signature Page Lancaster County Signature Page

Vendor Signature Page

AMENDMENT TO CONTRACT
Pharmacy Services for General Assistance Clients
RFP No. 18-025
Lancaster County
Renewal
Genoa Healthcare, LLC

Please sign, date and return within 5 days of receipt.

Mail to: City/County Purchasing

Attn: Debbie Winkler 440 So. 8th St., Ste. 200 Lincoln, NE 68508

Or email to: dwinkler@lincoln.ne.gov

Company Name:	Ganna Heathcare, uc
By: (Please Sign)	
By: (Please Print)	Ryan Butler, RPh
Title:	Regional Vice President of operations
Company Address: Corp.	707 S. Grady way #700, Rentin, WA 98
Company Phone & Fax:	253.218-0830', fax: 253735-4741
E-Mail Address:	
Date:	March 27,2019
Contact Person for: Service or Orders"	Karen Sowarch Site Mar
Contact Phone Number:	402-817-0165

Lancaster County Signature Page

EXECUTION BY LANCASTER COUNTY, NEBRASKA

Contract Approved as to Form:	The Board of County Commissioners of Lancaster, Nebraska
Deputy Lancaster County Attorney	
	dated



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	SUBROGATION IS WAIVED, subject is certificate does not confer rights to							equire an endorsement.	A st	atement on		
	DUCER				CONTAC NAME:		<u> </u>					
	Marsh USA Inc.				PHONE			FAX (A/C, No):				
	333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400				(A/C, No E-MAIL	•		[(A/O, NO).				
	Attn: Healthcare.AccountsCSS@marsh.com F	ax: 212	-948-1	307	ADDRES		LIDED(S) AEEOB	DING COVERAGE		NAIC#		
CN1	01631729-GENOA-GAUP-18-				INGLIDE		ic Insurance Com			24147		
INSU							ic insurance con	pany		N/A		
GENOA HEALTHCARE, LLC						INSURER B: N/A INSURER C: Travelers Property Casualty Company of America 25674						
	707 SOUTH GRADY WAY, SUITE 700 RENTON, WA 98057						Toperty Casualty	Company of America				
					INSURER D :							
					INSURER E : INSURER F ;							
CO	VERAGES CER	TIFIC	CATE	NUMBER:		-009253626-01	***************************************	REVISION NUMBER: 1				
IN CI EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT TO	T TO	WHICH THIS		
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	OLICY EFF POLICY EXP M/DD/YYYY) (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			MWZY313281		05/01/2018	05/04/0000	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000		
/ \	CLAIMS-MADE X OCCUR			WIVVZ1313201		03/01/2010	05/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 2,500		
								MED EXP (Any one person)	\$	1,000,000		
								PERSONAL & ADV INJURY	φ			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$				
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG \$		2,000,000		
	AUTOMOBILE LIABILITY					05/01/2018	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$		2,000,000		
Α	X ANY AUTO			MWTB313284				BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS ONLY							, ,	\$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$			
	DED RETENTION\$								\$			
С				IC2JUB472M475518 (AOS)		05/01/2018	05/01/2019	X PER OTH-				
	C ANYPROPRIETOR/PARTNER/EXECUTIVE N			HRJUB472M476718 (MA & WI)		05/01/2018	05/01/2019	E.L. EACH ACCIDENT	\$	2,000,000		
C OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				HWXJUB472M477918 (XWC OH))	05/01/2018	05/01/2019	E.L. DISEASE - EA EMPLOYEE \$		2,000,000		
				COVERAGE EFFECTIVE: 2/3/201	19			E.L. DISEASE - POLICY LIMIT	\$	2,000,000		
Α	A Managed Care Professional Liab			MWZZ313282		05/01/2018	05/01/2020	Each Claim		\$10,000,000		
	Retro Date: 1/1/77							Annual Aggregate		\$10,000,000		
RE: F THE OBLI	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC RFP #: 18-025 / ADDITIONAL INSURED: LANCAST GENERAL LIABILITY AND AUTOMOBILE LIABILIT GATED TO PROVIDE SUCH STATUS BY WRITTEI KERS COMPENSATION POLICY INCLUDES WAIN 3.	TER CO Y POL N CON	OUNTY ICIES II TRACT	NCLUDE A BLANKET ADDITIONAL OR AGREEMENT, ONLY TO THE	. INSURE MINIMUN	D ENDORSEME EXTENT REQU	NT FOR PERSON IRED AND SUBJI	IS OR ORGANIZATIONS WHERE ECT TO POLICY TERMS AND CO	NOITION	NS. THE		
CEI	RTIFICATE HOLDER				CANC	ELLATION						
	COUNTY OF LANCASTER, NE 555 S 10TH ST. LINCOLN, NE 68508				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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Mariaoni Mucherjee

AUTHORIZED REPRESENTATIVE

of Marsh USA Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Marsh USA Inc. CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: Healthcare.AccountsCSS@marsh.com Fax: 212-948-1307 INSURER(S) AFFORDING COVERAGE NAIC# 24147 CN101631729--Cyber-18-20 INSURER A: Old Republic Insurance Company GENOA HEALTHCARE, LLC INSURER B: 707 SOUTH GRADY WAY, SUITE 700 INSURER C RENTON, WA 98057 INSURER D : **INSURER E:** INSURER F: CHI-009253630-01 **REVISION NUMBER: 1 COVERAGES** CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT 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 CERTIFICATE 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 ADDL SUBR POLICY EFF (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR ŝ \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG POLICY LOC \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ \$ ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED OWNED **BODILY INJURY (Per accident)** \$ AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY AUTOS ONL \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EYOLUBERS AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$10,000,000 CYBER LIABILITY MWZZ313283 05/01/2018 05/01/2020 **FACH CLAIM** \$10,000,000 **AGGREGATE** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: RFP #: 18-025 CERTIFICATE HOLDER CANCELLATION COUNTY OF LANCASTER, NE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 555 S 10TH ST. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. LINCOLN, NE 68508 AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Mariaoni Mukrujee

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Persons or organizations that you are obligated, pursuant to written contract or agreement to provide with such insurance as is afforded by this policy; but they are insureds only if and to the minimum extent that such contract or agreement requires the person or organization to be afforded status as an insured. However, no person or organization is an insured under this provision of the Who is an Insured section of this policy (regardless of any limitation applicable thereto).

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ENDORSEMENT #3 (18-19 TERM)

IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED/DESIGNATED INSURED AMENDMENT - PRIMARY AND NON-CONTRIBUTORY

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Designated Person(s) or Organization(s):

All persons or organizations where required by written contract or agreement, prior to loss.

WHO IS AN INSURED (SECTION II) is amended to include the person(s) or organization(s) shown in the above Schedule, but only with respect to "accidents" arising out of work being performed for such person(s) or organization(s).

As respects any person(s) or organization(s) shown in the above Schedule with whom you have agreed in a written contract to provide primary insurance on a non-contributory basis, this insurance will be primary to and non-contributing with any other insurance available to such person(s) or organizations(s).

PCA 048 10 13



WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

ENDORSEMENT WC 00 03 13 (00) -

POLICY NUMBER: HC2J-UB-472M475-5-18

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

SCHEDULE

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DESIGNATED ORGANIZATION:

Any person or organization for which the Named insured has agreed by written or Agreement contract or Agreement executed prior to loss to furnish this waiver.

ST ASSIGN: