

**FIRST AMENDMENT TO
PHARMACY BENEFIT MANAGEMENT SERVICES AGREEMENT**

This Amendment to Pharmacy Benefit Management Services Agreement is made effective as of **November 1, 2018** between **Navitus Health Solutions, LLC** ("Navitus"), and the **City of Broken Arrow** ("Client").

WHEREAS, Navitus and Client have executed a Pharmacy Benefit Management Services Agreement dated November 1, 2017 (the "Agreement");

WHEREAS, Navitus and Client desire to amend the Agreement as set forth below;

NOW THEREFORE, Navitus and Client agree as follows:

1. Amendments to the Agreement.

1.1. Article XII. Notice Regarding Renewal. Section 12.01, Term of Agreement, is hereby deleted in its entirety and replaced with the following:

This Agreement is effective as of the Effective Date above and will continue in full force and effect for a period of one year ("Initial Term"). This Agreement will continue again from November 1, 2018 until October 31, 2019 (the "First Renewal Term"). After the First Renewal Term has ended, this Agreement may continue from year to year (each such year a "Renewal Term") by written mutual agreement of the Parties. Any additional Renewal Terms shall be subject to termination rights as otherwise provided in this Agreement.

1.2. Exhibit 1. Administrative Services Fee Schedule. The first paragraph of exhibit 1 is hereby deleted in its entirety and replaced with the following:

Client agrees to pay Navitus an administrative fee of \$3.12 per Eligible Person per month during the First Renewal Term; provided that the monthly administrative fee will not be less than \$3,128 (the "Minimum Monthly Administrative Fee"). The administrative fee does not include fees for certain additional charges, described below.

2. Other Terms. All other terms of the Agreement, which have not been expressly modified by this amendment, will remain in full force and effect.

IN WITNESS WHEREOF, Navitus and Client have caused this amendment to be signed by duly authorized representatives below.

Navitus Health Solutions, LLC

City of Broken Arrow

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____