

Amendment to Provider Group Services Agreement

WHEREAS, Cigna Healthcare of Texas, Inc. ("Cigna") and North Texas Ear, Nose, & Throat Associates ("Group") have executed a Provider Group Services Agreement October 15, 2008 (the "Agreement"); and

WHEREAS, Cigna and North Texas Ear, Nose, & Throat Associates mutually desire to amend the Agreement;

NOW, THEREFORE, pursuant to the Amendment Sections of the Agreement and in consideration of the mutual promises contained herein, the parties hereby agree as follows:

1. The effective date of this Amendment is July 1, 2024 ("Amendment Effective Date").
2. Rate Exhibit C1 is added to the Agreement as of the Amendment Effective Date.
3. Individual Family Plan (IFP) is hereby added as a product and covered services will be reimbursed in accordance with Exhibit C1 and the terms of the applicable Benefit Plan, as of the Amendment Effective Date.
4. The following Definition, Cigna Affiliate, in Exhibit A shall be deleted in its entirety and replaced with the following as of the Amendment Effective Date:

Cigna Affiliate

Means any subsidiary or affiliate of The Cigna Group.

5. Except as modified herein, the Agreement remains in full force and effect. To the extent of a conflict between this Amendment and the Agreement, this Amendment shall control.
6. Any and all capitalized terms not defined herein shall have the same meaning as in the Agreement.

IN WITNESS WHEREOF the parties have caused this Amendment to be executed by their duly authorized representatives below.

AGREED AND ACCEPTED BY:

Provider

North Texas Ear, Nose, & Throat Associates

Signature

Kathie Norris

Printed Name

Executive Directory

Title

06/14/2024

Date Signed

Multiple

Federal Tax ID

Multiple

National Provider Identifier

Cigna

Cigna HealthCare of Texas, Inc.

Signature

Stephen Watkins

Printed Name

Vice President, Network Management

Title

6/27/24

Date Signed

Cigna

EXHIBIT C1

Fee Schedule and Reimbursement Terms

This Rate Exhibit applies to the following Cigna Benefit Plans:

HMO Benefit Plans: No

Network Benefit Plans: No

Open Access Plus Benefit Plans: No

All Other: No

IFP – Individual Family Plan – Benefit Plan: Yes

This is an Exhibit to an Agreement between:

Provider: North Texas Ear, Nose, & Throat Associates

Cigna Party: Cigna HealthCare of Texas, Inc.

Effective Date of Base Agreement: October 15, 2008

This Rate Exhibit:

Applies to: North Texas Ear, Nose, & Throat Associates

Federal Tax ID: Multiple

National Provider Identifier: Multiple

Effective Date: July 1, 2024

I. DEFINITIONS

Cigna Resource Based Relative Value Scale or Cigna RBRVS means the methodology designated by Cigna to produce the allowable fee for certain Covered Services rendered to Participants that uses the components of Relative Value Units (RVU's), geographic practice cost indices (GPCI's), conversion factor and base relativity factors, as defined by Cigna.

Cigna Standard Fee Schedule means the standard Cigna fee schedule applicable to the provider types (e.g. MD, DO, NP, PA etc.) as designated by Cigna in effect at the time of service and applicable to this Agreement for certain Covered Services provided to Participants. The Cigna Standard Fee Schedule is subject to change.

II. FEE FOR SERVICE REIMBURSEMENT

- A. Except as otherwise provided below, Covered Services will be reimbursed at the lesser of 100% of billed charges or the Cigna RBRVS allowable fee, less applicable Copayments, Deductibles and Coinsurance. The Cigna RBRVS allowable fees are updated periodically by Cigna to reflect new information regarding RVU's, GPCI's, conversion factor, and the addition of new codes and services. The GPCI locality used for this Agreement is Dallas, TX.
- B. For Covered Services provided by a physician (provider types MD or DO), Cigna will apply the following base relativity factors in its Cigna RBRVS calculation to the services

specified below ("Schedule A"). Provider agrees to identify the actual rendering provider's name that provided services to Participant on the claim submission to Cigna.

SCHEDULE A	
CPT Procedure Code Group	Base Relativity Factor
Surgery Codes	100%
Evaluation & Management Codes	100%
Medicine Codes	100%
Physical Therapy	70%
Radiology Codes, except high tech radiology including but not limited to MRI, PET and CAT	70%

- C. For Covered Services provided by a practitioner other than a provider type MD or DO, Cigna will apply the following base relativity factors in its Cigna RBRVS calculation to the services specified below ("Schedule B"). Additionally, Provider agrees to identify the actual rendering provider's name providing services to Participant on the claim submission to Cigna:

SCHEDULE B	
CPT Procedure Code Group	Base Relativity Factor
Surgery Codes	85%
Evaluation & Management Codes	85%
Medicine Codes	85%
Physical Therapy	70%
Radiology Codes, except high tech radiology including but not limited to MRI, PET and CAT	70%

- D. The following services, as defined within the Current Procedural Terminology (CPT) coding system published by the American Medical Association and the Healthcare Common Procedure Coding System (HCPCS) published by the Centers for Medicare & Medicaid Services, are excluded from the reimbursement methodology described above, and such Covered Services, if not specified above, will be reimbursed at the lesser of 100% of billed charges or the applicable fee under the Cigna Standard Fee Schedule, less applicable Copayments, Deductibles and Coinsurance.

Injectable Drugs, Immunizations, Vaccines, Toxoids

American Society of Anesthesiologists (ASA) Procedure Codes

Immunization Administration

All High Tech Radiology (including but not limited to CAT Scans, Magnetic Resonance Imaging, Positron Emission Tomography)

Pathology and Laboratory Services

Routine Venipuncture

All Services (excluding injectable medications) defined within the Healthcare Common Procedure Coding System (HCPCS) Schedule.

- E. All procedure codes for Covered Services for which reimbursement has not been established above, including but not limited to those for unlisted procedures as well as new Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and/or American Society of Anesthesiologists (ASA) procedure codes, will be paid at a 50% reduction from billed charges, less applicable Copayments, Deductibles and Coinsurance until such time as the applicable RVU's have been loaded into the appropriate claims systems.
- F. Notwithstanding anything to the contrary set forth above, those services that are excluded from this Agreement under the Excluded Services section of the Agreement shall not be reimbursed and Participants shall not be billed for such services.
- G. Notwithstanding the above, Cigna will apply site of service claim adjudication and the applicable reimbursement for place of service billed.
- H. For workers' compensation Benefit Plans, the Cigna Standard Fee Schedule shall not exceed the state fee schedule.
- I. The reimbursement terms set forth in this Exhibit are applicable to all services rendered as part of your practice or scope of license. Any services provided by an out of network provider or vendor as part of your practice or scope of license are not separately reimbursable.