

**NOTICE: THIS AMENDMENT MODIFIES YOUR PROVIDER AGREEMENT UPON EXECUTION BY EVERNORTH BEHAVIORAL HEALTH, INC., EVERNORTH BEHAVIORAL HEALTH OF CALIFORNIA, INC., AND PROVIDER.**

49896 Bhc Fremont Hospital

**AMENDMENT TO PROVIDER AGREEMENT  
BETWEEN EVERNORTH BEHAVIORAL HEALTH, INC., EVERNORTH BEHAVIORAL  
HEALTH OF CALIFORNIA, INC. AND THEIR AFFILIATES, AND PROVIDER**

WHEREAS, Evernorth Behavioral Health, Inc., Evernorth Behavioral Health of California, Inc. and their affiliates, and physician, hospital or other behavioral health care practitioner or entity ("PROVIDER") have entered into an Agreement whereby Evernorth Behavioral Health, Inc. arranges for or administers the provision of, and PROVIDER delivers health care services;

WHEREAS, Evernorth Behavioral Health, Inc. hereby notifies PROVIDER pursuant to the Agreement;

NOW THEREFORE, in consideration of the mutual promises contained in this Amendment, it is agreed as follows:

1. The Agreement is amended by replacing Exhibit(s) A of the Agreement with the attached Exhibit(s) A. The attached Exhibit(s) shall become effective upon execution by both Evernorth Behavioral Health, Inc. and PROVIDER.
2. Except as expressly amended hereby, the Agreement shall remain unchanged and in full force and effect.


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

AGREED AND ACCEPTED BY:

**Provider:** BHC Fremont Hospital

Provider Address: 39001 Sundale Ave., Fremont CA 94538

Contract Email Address: Patricia.williams3@uhsinc.com

Authorized Signature:  Signed by:  
B7E376FE6A584A1...

Printed Name: Patricia Williams

Title: CEO

Date Signed: 5/15/2025 | 2:06 PM PDT

Address: Evernorth Behavioral Health, Inc.  
Attention: Network Operations  
6625 West 78<sup>th</sup> Street, Suite 100  
Bloomington, MN 55439

Authorized Signature:  DocuSigned by:  
Eva Borden  
Eva Borden, President Behavioral Health  
83C67894AACC44E...

Printed Name: **Eva Borden**

Title: **President Behavioral Health**

Date Signed: 5/22/2025 | 1:43 PM EDT

Address: Evernorth Behavioral Health of California, Inc.  
400 North Brand Boulevard  
Glendale, CA 91203

Authorized Signature:  DocuSigned by:  
Eva Borden  
Eva Borden, President Behavioral Health  
83C67894AACC44E...

Printed Name: **Eva Borden**

Title: **President Behavioral Health**

Date Signed: 5/22/2025 | 1:43 PM EDT

Effective Date\*: 05/01/2025

\*To be completed by Evernorth Behavioral Health, Inc.

## EXHIBIT A

### BHC Fremont Hospital California

#### Page 1 of 3

1. 23-Hour Bed (Adult/Adolescent)  
Effective 05/01/2025: \$1,919.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$1,996.00 per diem, all-inclusive **excluding** attending psychiatrist fees
2. Mental Health Inpatient (Adult/Adolescent)  
Effective 05/01/2025: \$1,919.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$1,996.00 per diem, all-inclusive **excluding** attending psychiatrist fees
3. Mental Health Inpatient (Child)  
Effective 05/01/2025: \$1,957.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$2,036.00 per diem, all-inclusive **excluding** attending psychiatrist fees
4. Detox Inpatient (Adult)  
Effective 05/01/2025: \$1,919.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$1,996.00 per diem, all-inclusive **excluding** attending psychiatrist fees
5. Dual Diagnosis Inpatient (Adult/Adolescent)  
Effective 05/01/2025: \$1,919.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$1,996.00 per diem, all-inclusive **excluding** attending psychiatrist fees
6. One to One Services (Adult/Adolescent)  
Excluded from the above per diem rates and paid at \$53.00 per hour to a maximum charge of \$318.00 per day.
7. Mental Health Partial Full Day (Adult/Adolescent)  
Effective 05/01/2025: \$847.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$872.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
  
Program is six hours per day, five days per week and includes individual sessions, group sessions and family sessions as needed.
8. Substance Abuse Partial Full Day (Adult/Adolescent)  
Effective 05/01/2025: \$847.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$872.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
  
Program is six hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

## EXHIBIT A

### BHC Fremont Hospital California

#### Page 2 of 3

9. Dual Diagnosis Partial Full Day (Adult/Adolescent)

Effective 05/01/2025: \$847.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Effective 03/01/2026: \$872.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is six hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

10. Mental Health Partial Half Day (Adult/Adolescent)

Effective 05/01/2025: \$576.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Effective 03/01/2026: \$588.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is less than six hours per day, five days per week and includes individual sessions, group sessions and family sessions as needed.

11. Substance Abuse Partial Half Day (Adult/Adolescent)

Effective 05/01/2025: \$576.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Effective 03/01/2026: \$588.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is less than six hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

12. Dual Diagnosis Partial Half Day (Adult/Adolescent)

Effective 05/01/2025: \$576.00 per diem, all inclusive **excluding** attending psychiatrist fees

Effective 03/01/2026: \$588.00 per diem, all inclusive **excluding** attending psychiatrist fees

Program is less than six hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

13. Mental Health Intensive Outpatient Program (Adult)

Effective 05/01/2025: \$576.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Effective 03/01/2026: \$588.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is three hours per day, five days per week and includes individual sessions, group sessions and family sessions as needed.

## EXHIBIT A

### BHC Fremont Hospital California

Page 3 of 3

14. Substance Abuse Intensive Outpatient Program (Adult)  
Effective 05/01/2025: \$576.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$588.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is three hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

15. Dual Diagnosis Intensive Outpatient Program (Adult/Adolescent)  
Effective 05/01/2025: \$576.00 per diem, all-inclusive **excluding** attending psychiatrist fees  
Effective 03/01/2026: \$588.00 per diem, all-inclusive **excluding** attending psychiatrist fees

Program is three hours per day, five days per week and includes urine analysis and/or drug screen, individual sessions, group sessions and family sessions as needed.

If a Covered Service has not been assigned a Maximum Reimbursement Rate in this Exhibit, PROVIDER will be paid a negotiated rate or 50% of its billed charges, subject to a reasonable and customary screening.

## Certificate Of Completion

Envelope Id: ADD5F0C5-0D79-42F3-ABB9-FD8C46FB66CF

Status: Completed

Subject: Evernorth Contract Amendment

Source Envelope:

Document Pages: 5

Signatures: 3

Envelope Originator:

Certificate Pages: 5

Initials: 0

STEPHANIE AGRAMONTE

AutoNav: Enabled

900 Cottage Grove Rd

Envelopeld Stamping: Enabled

Bloomfield, CT 06002-2920

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

stephanie.agramonte@evernorth.com

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BHC Fremont Hospital

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Patricia.Williams3@uhsinc.com

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CEO

Viewed: 5/15/2025 5:03:31 PM

Fremont Hospital

Signed: 5/15/2025 5:06:07 PM

Security Level: Email, Account Authentication  
(None)

Signature Adoption: Drawn on Device

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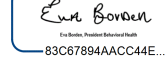
### Electronic Record and Signature Disclosure:

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Eva Borden

DocuSigned by:

  
83C67894AACC44E...

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stephanie.agramonte@evernorth.com

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Security Level: Email, Account Authentication  
(None)

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Signature Adoption: Uploaded Signature Image

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## Editor Delivery Events

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## Intermediary Delivery Events

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### Timestamp

## Certified Delivery Events

### Status

### Timestamp

## Carbon Copy Events

### Status

### Timestamp

Carbon Copy Events	Status	Timestamp
BHC Fremont Hospital Patricia.Williams3@uhsinc.com CEO Fremont Hospital Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 5/15/2025 5:03:31 PM ID: d38304a3-24b9-4e29-90d2-276795a09a5a	COPIED	Sent: 5/22/2025 1:43:46 PM
Rachel Strong rachel.strong@evernorth.com Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 5/22/2025 1:43:47 PM Viewed: 5/27/2025 11:48:31 AM
Deanna Kitzke deanna.kitzke@uhsinc.com Division SVP, Payer Strategies, UHS BH Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Accepted: 5/15/2025 2:22:48 PM ID: b492b720-21de-4aee-aa00-1cbccc20a0e7	COPIED	Sent: 5/22/2025 1:43:48 PM Viewed: 5/30/2025 12:16:47 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/15/2025 1:41:50 PM
Envelope Updated	Security Checked	5/15/2025 4:04:19 PM
Envelope Updated	Security Checked	5/15/2025 4:04:19 PM
Envelope Updated	Security Checked	5/15/2025 4:04:19 PM
Certified Delivered	Security Checked	5/22/2025 1:42:23 PM
Signing Complete	Security Checked	5/22/2025 1:43:45 PM
Completed	Security Checked	5/22/2025 1:43:48 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Cigna Corporation (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**



Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Cigna Corporation:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [DocuSignRequests@Cigna.com](mailto:DocuSignRequests@Cigna.com)

### **To advise Cigna Corporation of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [DocuSignRequests@Cigna.com](mailto:DocuSignRequests@Cigna.com) and in the body of such request you must state: your previous email address, your new email address.

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### **To request paper copies from Cigna Corporation**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [DocuSignRequests@Cigna.com](mailto:DocuSignRequests@Cigna.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Cigna Corporation**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to DocuSignRequests@Cigna.com and in the body of such request you must state your email, full name, mailing address, and telephone number. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process.

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Cigna Corporation as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Cigna Corporation during the course of your relationship with Cigna Corporation.