

THE SERVICE AGREEMENT:

This Service Agreement (the "Agreement") is entered into and made effective on (the "Effective Date") by and between KONNECT TRUST d.b.a. (KONNECTMD), an Oklahoma limited liability company ("KonnectMD") and ("Subscriber") located at,

WHEREAS, KonnectMD offers access to telemedicine and prescription services (the "KonnectMD Services")

WHEREAS the Subscriber desires to subscribe to the KonnectMD Services, KonnectMD agrees to provide the KonnectMD Services to the Subscriber according to the terms of this Agreement.

TERM OF SERVICES:

KonnectMD is not insurance and can not be used for "in-person" visits and major medical issues.

The KonnectMD services provide the following to the primary member, and up to 7 other members the following:

- 1. KonnectMD provides access to licensed physicians, providing Cross-Coverage Consultations.

 The Provider recruits and credentials the physicians to provide patient-physician interaction. The physician diagnoses the patient's ailment, makes recommendations, and, if necessary and appropriate, writes a non-DEA-controlled prescription. The physician operates within the state's regulations. Each physician shall be licensed to practice medicine, technologically proficient, and covered by medical malpractice insurance.
- 2. Solely concerning Telephone and Video Consultations, the Program includes the following services:
 - 1. Unlimited access to telephone and video consultations and health information services is provided by a physician licensed in the state where the member is located. This access shall be available 24 hours a day, 365 days a year.
 - 2. Once a member has scheduled a Telephone Consultation, a licensed physician in the respective state will contact the member within two hours.
- 3. If a Member requests a Video Consultation, it will be scheduled, and an appointment reminder notification will be sent before initiating it. To begin the Video Consultation, the Member will access the consultation within the KonnectMD member health portal using their secure member log-in.

The licensed physician shall:

- a. Conduct a medical consult to evaluate the Member's medical needs; and
- b. Based upon the medical consult, respond to the call as follows:
- i. Determine that the call is a life-threatening emergency and direct the Member to the nearest emergency facility;
- ii. Determine that the call is urgent but not a life-threatening emergency, and advise the Member on how to treat the condition, prescribe medication as necessary that is electronically sent to the pharmacy of the member's choice, and determine whether the Member should contact or page their primary care physician; or
- 4. The Parties understand that the licensed physicians will not prescribe DEA-controlled substances, narcotics, psychotropic medications, or lifestyle drugs.
- 5. Members must complete the necessary steps to create a doctor/patient relationship to receive medical consultations via Telephone or Video. Those steps include the following: 1. Completing a Medical History Disclosure within the member's Health Portal or by
 - Completing a Medical History Disclosure within the member's Health Portal or by telephone with a designated Care Coordinator.
 - Agree to the Informed Patient Consent and Release Form confirming an understanding that The Provider is not obligated to accept the Member as a patient, and the Member's participation in the Program may be canceled at any time without recourse by the Member; and
 - 3. The Member also acknowledges that the Program provides Cross-Coverage Consultations when the Member's primary care physician is unavailable.

DESCRIPTION OF SERVICES:

Virtual Urgent Care-

Available 24/7 to diagnose acute illnesses and prescribe medications for common conditions like COVID-19, strep throat, flu, UTIs, vomiting, diarrhea, allergies, etc.

Virtual Behavioral Health-

Unlimited, private access to licensed talk therapists who specialize in helping individuals cope with stress, anxiety, depression, sudden loss, and other behavioral health concerns.

<u>Virtual Primary Care-</u>

Receive private consultations for general care, prescription refills, referrals to specialists, and preventive health measures.

Virtual Dermatology-

Get your skin, nail, and hair ailments resolved easily. Upload a photo and description of the issue, and a dermatologist will provide a treatment plan and prescription within 72 hours.

Pharmacy Discount Program-

- All Members can access immediate-need medications in our formulary for free by presenting their Rx Card at the pharmacy of their choice. Other medications are also available at a discounted price.
- Platinum Members can access maintenance-need chronic medications for illnesses like diabetes and high blood pressure many for no cost, while others receive significant discounts.

MONTHLY SUBSCRIPTION: (Provides access to the user + up to 7 additional members)

Silver (\$59.99)

- Virtual Urgent Care- \$0 Visit Fees for Unlimited Visits
- \$0 Cost Acute Prescription Formulary and Discounts on all Other Medications

Gold (\$79.99)

- Silver Benefits
- Virtual Counseling / On-Demand Talk Therapy- \$0 Consults
- Message a Doctor

Platinum (\$99.99)

- Gold Benefits
- Virtual Primary Care
- Virtual Dermatology- (3) Complimentary Visits
- No Cost Chronic Prescription Formulary & Discounts on all other Medications

MONTHLY SUBSCRIPTION FEE AND TERM. The duration of this Agreement will be from month to

month. Beginning on the Effective Date or the

requested initial billing date (the "Initial Term"), it will automatically renew for successive monthly terms unless the subscriber requests termination. The subscriber may request termination without penalty.

PEPM- per employee per month

Billing Address:

| ONE-TIME ENROLLMENT/IMPLEMENTATION FEE (\$30 per employee) |
|---|
| Silver Users (\$59.99 pepm): |
| Gold Users (\$79.99 pepm): |
| Platinum Users (\$99.99 pepm): |
| Total Amount of Users: |
| The monthly amount owed: |
| I understand that the initial billing payment will include a one-time enrollment fee of \$30 per employee + the monthly fee in advance, and (1) month from this date, recurring monthly billing will begin. Each month, users can be added/removed, and the monthly billing will be updated and authorized accordingly. |
| (ACH Billing) |
| Name of the Bank: |
| Account type: |
| Routing number: |
| Account number: |
| |
| (Credit Card) |
| Credit Card Type: |
| Credit Card Number: |
| Credit Card Expiration Date: |
| CVC: |

AUTHORIZATION

| I authorize Konnect Trust LLC to collect the monthly subscription fee due under the Services Agreement |
|--|
| between KonnectMD and the undersigned (the "Services Agreement"). |
| |
| |

| Printed Name: | |
|---------------------------|--|
| Email Address: | |
| Phone Number: | |
| Today's Date: | |
| Expected Date of Service: | |

ENROLLMENT

Signature:

To complete enrollment on KonnectMD, it's necessary to provide certain information about each primary user. You can provide this information in a CSV file or Word document or by having the primary user fill out an enrollment form.

The required information includes the user's name, email address, mobile phone number, physical address with zip code, date of birth, and gender.