



DEPARTMENT OF ADMINISTRATIVE SERVICES

PROCUREMENT SERVICES

450 Columbus Boulevard, Suite 1202, Hartford, CT 06103

Sent Via E-Mail

December 18, 2017

Darci Ott
Account Representative
Truven Health Analytics
6200 S. Syracuse Way, Suite 300
Greenwood Village, CO 80111
Darci.ott@ibm.com

Re: Master Agreement # 04ITZ0014MB - B-04-014

Dear Ms. Ott:

I have received your recent request to update the Product Schedule associated with the above-noted Department of Administrative Services Master Agreement. **This change updates the annual maintenance fees for Network of Care for mental health as outlined in the attached quotation to the Product Schedule.**

Given the terms and conditions of this agreement, the request to update the Product Schedule is approved. Please consider the services a part of the associated Master Agreement and file this approval with the appropriate agreement for future reference.

A copy of your Product Schedule update request is attached to this letter.

Best regards,

A handwritten signature in blue ink, which appears to be "Jean Del Greco", is written over a black rectangular redaction box.

Jean Del Greco
Contract Specialist
DAS Procurement Services

cc: Master Agreement File: 04ITZ0014MB

December 18, 2017

Jean Del Greco
Contract Specialist
State of Connecticut
Department of Administrative Services
Procurement Services
450 Columbus Blvd.
Hartford, CT 06106

Dear Ms. Del Greco,

Please consider this letter as an official request for a product schedule update to add the annual subscription fees for the Network of Care for mental health as outline on the attached Truven Health Content License Order Form. This includes order #01720690 for Micromedex Drug Information for the term 12/30/2017 through 12/29/2020 for the Master Agreement B-04-014.

12/31/2017 through 12/30/2018 for the amount of \$22,128.45

12/31/2018 through 12/30/2019 for the amount of \$22,128.45

12/31/2019 through 12/30/2020 for the amount of \$22,128.45

Once our product schedule is updated, please reply in a letter that the addition to the product schedule is approved (as provided in previous years).

We appreciate your assistance in updating this document. Please contact me if there is any additional information required.

Warm regards,


Darci Ott, Account Representative
Phone: 720-315-1286
Email: darci.ott@ibm.com

**TRUVEN HEALTH ANALYTICS LLC, AN IBM COMPANY F/K/A TRUVEN HEALTH ANALYTICS INC.
RENEWAL CONTENT LICENSE ORDER FORM**

This Order Form ("Order Form") is entered into between Truven Health Analytics LLC, an IBM Company f/k/a Truven Health Analytics Inc. ("Truven Health") and State of Connecticut (Healthcare) Inc. ("Licensee") and is incorporated into the Agreement between Truven Health and Licensee effective 08/25/04 ("Agreement"). All capitalized terms not defined herein will have the same meaning as set forth in the Agreement. If Licensee is a new customer, this Order Form has the same effective date as the Agreement to which this Order Form attaches. If Licensee is a renewing customer, the Order Form has the same effective date as the Licensee's subscription start date.

As of the Effective Date for the Fees set forth below and subject to the restrictions, terms and condition set forth herein and in the Agreement, Licensee is granted a license to the following Licensed Content.

Client Executive: Darci Ott	Currency: US Dollars	Association Membership: N/A	Academic Program: N/A
Customer ID, Customer Name, Address T82058 Connecticut Valley Hospital Eastern Drive Middletown CT 06457-3947	Billing Address: Eastern Drive Middletown CT 06457-3947	PO#	Order ID
Licensed Locations: Exhibit A for list of licensed locations		Subscription Start Date: 12/31/17	Subscription End Date: 12/30/20
Integration Vendors (if applicable): Not Integrating			

Licensed Content Expanded Drug Information includes: DrugDex® Summary Information (Drug, Disease, Toxicology, & Alternative Med) Drug Identification Complete IV Compatibility Complete Drug Interaction checking PDR® & MSDS	Product Start Date 12/31/17	Delivery Method/Format INTERNET/INTERNET
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Truven Health will invoice the Total Fees in accordance with the following installment payment schedule and Licensee will pay such invoiced amounts in accordance with the Agreement:

Billing Date	Installments	Frequency	Note
12/31/17	\$22,128.45	Annual	
12/31/18	\$22,128.45	Annual	
12/31/19	\$22,128.45	Annual	

Total Fees: \$66,385.35

Remit Fees to: Truven Health Analytics LLC, an IBM Company f/k/a Truven Health Analytics Inc. P.O. Box 95334, Chicago, IL 60694-5334
Truven Health Federal Tax ID: 061467923

LICENSEE

By: _____ Print Name: _____

Date: _____ Title: _____

To receive electronic invoices, provide Invoice email address below:

EXHIBIT A: LICENSED LOCATIONS

Host Customer ID: T82058

CustID	Licensed Location	Physical Address			
T82058 (Host)	Connecticut Valley Hospital	Eastern Drive	Middletow n	CT	06457- 3947
T156362	Blue Hills Hospital - Substance Abuse Division	51 Coventry St	Hartford	CT	06112- 1525