



P.O. Box 839999, San Antonio, Texas 78283-3999

H-E-B Pharmacy Agreement to Administer Immunizations for Williamson County

I. Overview

H-E-B Pharmacy (H-E-B) will provide immunizations to Williamson County (EMPLOYER) employees on agreed-upon clinic dates. H-E-B will supply licensed and certified personnel to perform immunizations and will supply all vaccine, medical supplies, and personal protective equipment (PPE) to be worn by its staff. EMPLOYER will provide certain supports for infection control and safety as outlined below or will pay the indicated fee. Benefit eligibility will be verified at the time of service through an employee identification process agreed to by EMPLOYER. H-E-B will provide immunizations to non-eligible employees and guests through individual payment at the discounted price offered to EMPLOYER.

II. Pricing**

H-E-B will offer the following vaccines for EMPLOYER clinic(s). Your H-E-B Pharmacy contact can explain the difference in product to you. Once the vaccines are selected, H-E-B will provide the vaccinations to EMPLOYER employees either through insurance billing or invoicing arrangement as outlined below. Vaccinations billed to EMPLOYER insurance will be billed via claims submission at the prevailing insurance contract rate between EMPLOYER insurance and H-E-B. For vaccinations invoiced to EMPLOYER, H-E-B will extend the following rates:

# of shots	Flu Vaccine price per dose
0-40	\$45.00
41-100	\$44.00
101-200	\$43.00
201+	\$42.00

Additional vaccines will be offered at the following rates:

Vaccine Type	Price Per Dose
COVID-19	\$160
Flu Vaccine for ages 65+	\$120
Other (ex. Flu Vaccine for ages 65+, Pneumonia, Shingles, etc.)	Price upon request

** The discounted rates shown are contingent on EMPLOYER granting exclusive rights to H-E-B to execute vaccination clinics at the sites designated below for the period from August 1, 2025 through January 31, 2026, meeting the clinic minimum of 30 shots per hour on site, and availability of vaccine. Volume and/or other discounts may apply. Any clinic that does not meet the minimum of 30 doses administered will be charged the difference between \$1170 and the actual amount billed for doses administered. Your H-E-B representative is available to discuss in more detail. H-E-B may change the pricing set forth herein at any time to reflect changes in supply and/or procurement costs and/or other changes in the market upon 30 days' prior written notice to you.

III. Product selection

EMPLOYER has selected (check all that apply) ☒ flu vaccine ☒ flu vaccine for those over 65
☐ COVID-19 vaccine ☐ Other (specify): _____

IV. Infection Control

H-E-B will supply



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- PPE for its staff
- Hand sanitizer for participant use during clinic
- Virucidal, germicidal cleaning supplies to sanitize the clinic workspace

V. Termination for Convenience: This agreement may be terminated at any time at the option of either party, without future or prospective liability for performance upon giving thirty (30) days written notice thereof. In the event of termination, Customer will only be liable for its pro rata share of services rendered and goods actually received.

VI. Texas Prompt Payment Act Compliance: Payment for goods and services shall be governed by Chapter 2251 of the Texas Government Code. An invoice shall be deemed overdue the 31st day after the later of (1) the date Customer receives the goods under the contract; (2) the date the performance of the service under the contract is completed; or (3) the date the Williamson County Auditor receives an invoice for the goods or services. Interest charges for any overdue payments shall be paid by Customer in accordance with Texas Government Code Section 2251.025. More specifically, the rate of interest that shall accrue on a late payment is the rate in effect on September 1 of Customer's fiscal year in which the payment becomes due. The said rate in effect on September 1 shall be equal to the sum of one percent (1%); and (2) the prime rate published in the Wall Street Journal on the first day of July of the preceding fiscal year that does not fall on a Saturday or Sunday.

VII. Clinic Scheduling

Site	Date	Est Total Shots	Est # children <18
100 Wilco Way #101 Georgetown, TX 78626	9/24/2025	175	0

VIII. Billing - For each question below, please check your response and fill in the corresponding blanks

1. Services paid on-site at time of service?

☐ Yes ☒ No Proceed to # 2

2. H-E-B bill insurance electronically (claims submission)?

☐ Yes ☒ No Proceed to #3

Insurance Name: _____

BIN, PCN, Group: _____

Group #: _____

3. H-E-B bill INSURANCE via invoice after clinic completion?

☐ Yes ☒ No Proceed to #4

Insurance Name: _____

Where to mail invoice? _____

Billing Contact: Name: _____



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Phone: _____

Email: _____

Billing requirement: (i.e. Do you need employee names, employee signature, copay, etc)

4. **H-E-B Bill EMPLOYER via invoice after clinic completion?**

☒ Yes

Where to mail invoice? Williamson County
100 Wilco Way #101
Georgetown, TX 78626

Billing Contact: Name: Shelley Loughrey
Phone: 512-943-1604
Email: s.loughrey@wilcotx.gov

Billing requirement: (i.e. Do you need employee names, employee signature, etc)

☐ No Proceed to #5

5. **Billing requirements/notes not mentioned in items 1-5? Example: Does your company require a vendor set-up process?**

IX. Acknowledgement. I, the undersigned am authorized to make billing and payment arrangements on behalf of Williamson County for the provision of immunizations by H-E-B Pharmacy. I understand and agree that participant shots will be invoiced by H-E-B in the manner described above, including the minimum dose requirement (applies if less than 30 shots per hour). I understand if payment is not received within 60 days of service, H-E-B will bill the participant directly.

For Williamson County **Print Name** _____
Sign _____
Date _____

For H-E-B **Print Name** Gretta Leckbee, RPh
Sign Gretta Leckbee
Date 6/17/2025