

Exhibit B

Schedule of Annual Fees

The Annual Fee for the PSO Services provided hereunder shall be calculated based on ranges listed in schedule below:

| Annual Number of Inpatient Discharges | Annual Rate per Hospital (THA Member) | With 5% System Discount (THA Member) | Non-THA Member |
|---------------------------------------|---|--------------------------------------|----------------|
| Less than 500 | \$1,323 | \$1,260 | \$6,489 |
| 500-1,000 | \$2,646 | \$2,520 | \$6,489 |
| 1,001-2,000 | \$3,969 | \$3,780 | \$6,489 |
| 2,001-3,000 | \$5,954 | \$5,670 | \$8,206 |
| 3,001-5,000 | \$7,938 | \$7,560 | \$9,923 |
| 5,001-10,000 | \$9,923 | \$9,450 | \$12,403 |
| 10,001-20,000 | \$11,907 | \$11,340 | \$14,884 |
| 20,001 or more | \$13,892 | \$13,230 | \$17,365 |
| Ancillary Health Care Facility | Annual Rate per Health Care Facility (THA Member) | | Non-THA Member |
| Long Term Care Facility | \$3,308 | | \$4,961 |
| Physician Medical Group | \$2,205 | | \$3,308 |
| Ambulatory Surgery Center | \$2,205 | | \$3,308 |
| Home Health Care Agency | \$2,205 | | \$3,308 |