



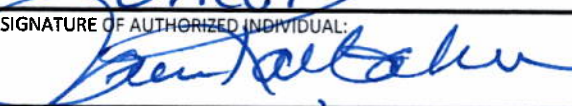

CONTRACT AMENDMENT

1. AMENDMENT #: 24	2. CONTRACT #: YH19-0001-06	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2025	4. PROGRAM: ACC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: UnitedHealthcare Community Plan 1 E. Washington, Suite 900 Phoenix, AZ 85004			
6. PURPOSE: To adjust the capitation rate due to updates to the Differential Adjustment Payment and Federally Qualified Health Centers for the period October 1, 2025 to September 30, 2026 and as stated below.			

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

➤ Section B, Capitation Rates and Contractor Specific Requirements

EFFECTIVE OCTOBER 1, 2025– SEPTEMBER 30, 2026								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21 +	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
CENTRAL	\$751.06 760.98	\$268.89 270.83	\$501.32 503.73	\$184.15 184.40	\$1,466.22 1,475.55	\$736.62 740.65	\$636.88 639.83	\$6,689.20 6,792.98
SOUTH Pima (only)	\$824.45 833.34	\$297.29 299.93	\$522.10 526.23	\$175.50 175.64	\$1,595.10 1,608.11	\$706.15 712.03	\$637.81 642.73	\$7,137.73 7,247.20

<i>Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.</i> 8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT, NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. NAME OF CONTRACTOR/PROVIDER: UACCP	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:  DocuSigned by: 0728338F887E412
TYPED NAME: Jean Karkocher	TYPED NAME: Meggan LaPorte
TITLE: CEO	TITLE: Chief Procurement Officer
DATE: 9/9/25	DATE: 8/27/2025

