




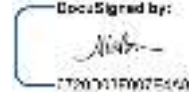
CONTRACT AMENDMENT

1. AMENDMENT#: 25	2. CONTRACT #: YH19-0001-07	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2025	4. PROGRAM: ACC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <div style="text-align: center;"> Molina Healthcare of Arizona, Inc 5055 E. Washington St., Suite 210 Phoenix, AZ 85034 </div>			
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	EXPANSIO N ADULTS	DELIVERY SUPPLEMENT
CENTRAL	\$717.92 <u>726.90</u>	\$293.61 <u>295.44</u>	\$494.89 <u>497.11</u>	\$224.47 <u>224.73</u>	\$1,464.59 <u>1,473.85</u>	\$736.72 <u>740.60</u>	\$630.73 <u>633.53</u>	\$6,689.20 <u>6,792.98</u>

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.	
8. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. NAME OF CONTRACTOR/PROVIDER:	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: Minnie Andrade	TYPED NAME: Meggan LaPorte
TITLE: Plan President	TITLE: Chief Procurement Officer
DATE: 09/10/2025	DATE: 8/27/2025

