



CONTRACT AMENDMENT

1. AMENDMENT #: 01	2. CONTRACT #: AHCCCS #YH24-0001-02	3. EFFECTIVE DATE OF AMENDMENT: September 13, 2024	4. PROGRAM: ALTCS E/PD
5. CONTRACTOR NAME AND ADDRESS: <div style="text-align: center;"> Bridgeway Health Solutions of Arizona, Inc. dba Arizona Complete Health-Complete Care Plan 333 East Wetmore Road Tucson, AZ 85705 </div>			
6. PURPOSE: To amend the Contract term.			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: A. The term of this Contract is hereby amended as follows: <ul style="list-style-type: none"> • Initial three years: October 1, 2025 – September 30, 2028 Options to Extend: <ul style="list-style-type: none"> • Contract Year four: October 1, 2028 – September 30, 2029 • Contract Year five: October 1, 2029 – September 30, 2030 • Contract Year six: October 1, 2030 – September 30, 2031 • Contract Year seven: October 1, 2031 – September 30, 2032 			
8. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE: <div style="display: flex; justify-content: space-between; align-items: center;"> JVF 9/13/24 </div>		SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small> </div> 9/13/2024 </div>	
TITLE OF AUTHORIZED REPRESENTATIVE:		TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER	