

CONTRACT AMENDMENT

1. AMENDMENT #:	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:			
19	YH18-0001-03	APRIL 1, 2025	ALTCS E/PD			
5. CONTRACTOR/PROVIDER NAME AND ADDRESS:						
UnitedHealthcare Community Plan						
1 East Washington, Suite 900						
Phoenix, AZ 85004						
Pilidellix, AZ 65004						
6. PURPOSE: To increase the capitation rate due to Behavioral Health Drugs and HCBS Utilization for the period of April 1, 2025, through September 30, 2025, and as indicated below:						

> Section B, Capitation Rates and Contractor Specific Requirements Capitation Rates:

EFFECTIVE APRIL 1, 2025				
GSA	EPD Long Term Care – Dual-Eligible	EPD Long Term Care – Non-Dual-Eligible		
NORTH	\$ 3,929.28 <u>3,995.39</u>	\$ 7,887.39 8,073.46		
CENTRAL	\$ 3,761.56 <u>3,846.17</u>	\$ 8,553.83 <u>8,897.73</u>		

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original. 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: UnitedHealthcare Community Plan of Arizona (UHCCP)	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM		
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: DocuSigned by:		
TYPED NAME: Jean Kalbacher	TYPED NAME: Meggan LaPorte		
Chief Executive Officer	Chief Procurement Officer		
DATE: 4/18/2025	DATE: 4/3/2025		

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