



CONTRACT AMENDMENT

1. AMENDMENT #: 05	2. CONTRACT #: YH19-0001R-02	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2023	4. PROGRAM: ACC/ACC-RBHA TITLE XIX-XXI												
5. CONTRACTOR NAME AND ADDRESS: Care 1st Health Plan Arizona, Inc. 1850 W. Rio Salado Parkway, Ste 211 Tempe, AZ 85281															
6. PURPOSE: To amend and revise the table for the reinsurance deductible level found in Section D, Program Requirements, of the Contract for the period October 1, 2023, through September 30, 2024.															
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: <div style="margin-left: 20px;"> <p>➤ Section D, Program Requirements</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 40px;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="padding: 5px;">REINSURANCE CASE TYPE</th> <th style="padding: 5px;">DEDUCTIBLE*</th> <th style="padding: 5px;">COINSURANCE</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; background-color: #800000; color: white;">REGULAR REINSURANCE</td> <td style="padding: 5px; text-align: center;">\$150,000</td> <td style="padding: 5px; text-align: center;">75%</td> </tr> <tr> <td style="padding: 5px; background-color: #800000; color: white;">CATASTROPHIC REINSURANCE</td> <td style="padding: 5px; text-align: center;">N/A</td> <td style="padding: 5px; text-align: center;">85%</td> </tr> <tr> <td style="padding: 5px; background-color: #800000; color: white;">TRANSPLANT AND OTHER CASE TYPES</td> <td style="padding: 5px; text-align: center;">Refer to specific paragraphs below</td> <td style="padding: 5px; text-align: center;">Refer to specific paragraphs below</td> </tr> </tbody> </table> <p style="margin-left: 40px; margin-top: 10px;"><i>*Annual deductible levels apply to all members eligible for reinsurance except for State Only Transplant.</i></p> </div>				REINSURANCE CASE TYPE	DEDUCTIBLE*	COINSURANCE	REGULAR REINSURANCE	\$150,000	75%	CATASTROPHIC REINSURANCE	N/A	85%	TRANSPLANT AND OTHER CASE TYPES	Refer to specific paragraphs below	Refer to specific paragraphs below
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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. SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE: <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> <p>11/2/23</p> </div> </div>		10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: right;"> <p>Megan LaPorte (Nov 1, 2023 12:00 PDT)</p> </div> </div>													
TITLE OF AUTHORIZED REPRESENTATIVE: Plan President		TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER													