



CONTRACT AMENDMENT

1. AMENDMENT #: 16	2. CONTRACT #: YH18-0001-03	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2023	4. PROGRAM: ALTCS E/PD
5. CONTRACTOR NAME AND ADDRESS: UnitedHealthcare Community Plan 1 East Washington, Suite 900 Phoenix, AZ 85004			

6. PURPOSE: To amend and revise the table for the reinsurance deductible level, without Medicare Part A, 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:

➤ **Section D, Program Requirements**

REINSURANCE CASE TYPE	STATEWIDE PLAN ENROLLMENT	DEDUCTIBLE WITH MEDICARE PART A	DEDUCTIBLE WITHOUT MEDICARE PART A	COINSURANCE
REGULAR REINSURANCE	0-1,999	\$150,000	\$150,000	75%
REGULAR REINSURANCE	2,000 +	\$150,000	\$150,000	75%
CATASTROPHIC REINSURANCE	N/A	N/A	N/A	85%
TRANSPLANT AND OTHER CASE TYPES	Refer to specific paragraphs below	Refer to specific paragraphs below	Refer to specific paragraphs below	Refer to specific paragraphs below

Annual deductible levels apply to all members except for State Only Transplant.

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: 11/13/2023	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: <small>Meggan LaPorte (Nov 1, 2023 12:00 PDT)</small>
TITLE OF AUTHORIZED REPRESENTATIVE: CEO UHCCP AZ	TITLE OF AHCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER