CONTRACT AMENDMENT

1. AMENDMENT #: 8
2. CONTRACT #: YH19-0001
3. EFFECTIVE DATE OF AMENDMENT: APRIL 1, 2020
4. PROGRAM: ACC

5. CONTRACTOR NAME AND ADDRESS:

6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements.

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

   ➢ Section B, Capitation Rates and Contractor Specific Requirements

The Contractor shall provide services as described in this Contract. In consideration for these services, the Contractor will be paid Contractor-specific rates per member per month for the period April 1, 2020 through September 30, 2020 unless otherwise modified by contract amendment.

**Capitation Rates:** (Refer to Contractor-Specific Capitation Rates)

<table>
<thead>
<tr>
<th>GSA/County</th>
<th>Age &lt;1</th>
<th>AGE 1-20</th>
<th>AGE 21+</th>
<th>Duals</th>
<th>SSIWO</th>
<th>Prop 204 CA</th>
<th>Expansion Adults</th>
<th>Delivery Supplement</th>
<th>Option 1 Transplant</th>
<th>Option 2 Transplant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: TYPED NAME: MEGGAN LaPORTE, CPPO, MSW

TITLE: CHIEF PROCUREMENT OFFICER

DATE: