ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
AHCCCS Contract Number: YH17-0100
CONTRACT AMENDMENT

1. AMENDMENT #: 1
2. CONTRACT #: YH17-0100
3. EFFECTIVE DATE OF AMENDMENT: October 1, 2015
4. PROGRAM DHCM-RBHA GREATER ARIZONA- HCIC

5. CONTRACTOR NAME AND ADDRESS:
   Health Choice Integrated Care, LLC
   1300 South Yale Street
   Flagstaff, AZ 86001

6. PURPOSE: To retroactively amend the Capitation Rates for the period 10/1/15 to 10/31/15

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: 10/1/2015 TO 10/31/2015

<table>
<thead>
<tr>
<th>Revised RBHA Capitation Rates</th>
<th>HCIC (North)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CMDP Children (Title XIX + XXI)</td>
<td>$ 41.61</td>
</tr>
<tr>
<td>CMDP Children</td>
<td>$ 1,353.59</td>
</tr>
<tr>
<td>Title XIX GMH/SA + Title XXI Adult</td>
<td>$ 41.90</td>
</tr>
<tr>
<td>Non-Integrated SMI</td>
<td>$ 3.10</td>
</tr>
<tr>
<td>Integrated SMI</td>
<td>$ 1,560.43</td>
</tr>
</tbody>
</table>

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).

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:  
   TITLE:  
   DATE:

10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
    TYPED NAME: MEGGAN HARLEY, CPPO, MSW
    TITLE: CHIEF PROCUREMENT OFFICER
    DATE: