



CONTRACT AMENDMENT

1. AMENDMENT #: 15	2. CONTRACT #: YH18-0001-01	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2023	4. PROGRAM: ALTCS E/PD
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5. CONTRACTOR NAME AND ADDRESS:
**Banner - University Family Care
 2701 E. Elvira Road
 Tucson, AZ 85756**

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 AND DATE: 	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <small>Megan LaPorte (Nov 1, 2023 12:00 PDT)</small>
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TITLE OF AUTHORIZED REPRESENTATIVE: Chief Executive Officer	TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER
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